

**2006 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 13, 2006 8:00 am
Secretary of State

03-13-2006 90076 032 ****61.25

DOCUMENT # N00686

1. Entity Name
**SAINT GEORGE AT THE PLANTATION CONDOMINIUM
ASSOCIATION, INC.**



Principal Place of Business
**899 WOODBRIDGE DR.
VENICE, FL 34293**

Mailing Address
**899 WOODBRIDGE DR.
VENICE, FL 34293**



03072006 No Chg-NP CR2E037 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-2568837

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**DOUGLAS, JESSICA E AMI
899 WOODBRIDGE DR.
VENICE, FL 34275**

**DO NOT WRITE
IN THIS SPACE**

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE _____

**Filing Fee is \$61.25
Due by May 1, 2006**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**D
STORYK, LESLIE
899 WOODBRIDGE DRIVE
VENICE, FL 34293**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**PD
FORTSCH, THOMAS
899 WOODBRIDGE DRIVE
VENICE, FL 34293**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**SD
NOSCHES, VICTOR
899 WOODBRIDGE DRIVE
VENICE, FL 34293**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**VPTD
WELCH, SAM
899 WOODBRIDGE DRIVE
VENICE, FL**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**D
HARRIS, TIM
899 WOODBRIDGE DR.
VENICE, FL 34293**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Sam Welch **SAM WELCH, TREAS.**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3.8.06 941-493-0287
Date Daytime Phone #