

# 2007 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

FILED  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

07 OCT -4 PM 3: 33

<b>DOCUMENT # N06000008531</b> 1. Entity Name <b>ONE ST. GEORGE CONDOMINIUM ASSOCIATION, INC.</b>					
Principal Place of Business <b>1914 SUNSET DRIVE ST GEORGE ISLAND, FL 32328</b>			Mailing Address <b>1914 SUNSET DRIVE ST GEORGE ISLAND, FL 32328</b>		
2. Principal Place of Business - No P.O. Box # <b>1136 MCCOOK ROAD</b>		3. Mailing Address <b>1136 MCCOOK ROAD</b>			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State <b>QUINCY, FL</b>		City & State <b>QUINCY, FL</b>		4. FEI Number	
Zip <b>32351</b>		Country <b>US</b>		5. Certificate of Status Desired <input checked="" type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  <b>GRIMSLEY, GEORGE F 1708 METROPOLITAN BLVD. TALLAHASSEE, FL 32308</b>			7. Name and Address of New Registered Agent Name <b>GERALD W. THOMPSON</b> Street Address (P.O. Box Number is Not Acceptable) <b>1136 MCCOOK ROAD</b> City <b>QUINCY</b> <b>FL</b> Zip Code <b>32351</b>		
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 <u>Gerald W. Thompson</u> <u>Gerald W. Thompson</u> <u>Oct. 4, '07</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
<b>FILE NOW!!! FEE IS \$61.25 After January 1, 2008, Fee will be \$122.50</b>		In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.		Make check payable to: <b>Florida Department of State</b>	
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DTP GRIMSLEY, GEORGE F 1708 METROPOLITAN BLVD. TALLAHASSEE, FL 32308	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MATHEWS, MATT 277 PINWOOD DRIVE TALLAHASSEE, FL 32303
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVPS THOMAS, III, WILLIAM A 2610 MILLSTONE PLANTATION RD TALLAHASSEE, FL 32312	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	D/P/VP/S/T THOMPSON, GERALD W 1136 MCCOOK ROAD QUINCY, FL 32351
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SUBER, GREG 407 E KING ST QUINCY, FL 32351	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	700110283087 10/05/07--01002--005
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D THOMPSON, GERALD W 407 E KING ST QUINCY, FL 32351	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	700110283087 10/05/07--01002--005
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GOULD, GARY 2610 MILLSTONE PLANTATION RD, FL 32312	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	700110283087 10/05/07--01002--005
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GOULD, GARY 2610 MILLSTONE PLANTATION RD, FL 32312	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	700110283087 10/05/07--01002--005
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: <u>Gerald W. Thompson</u> <u>Gerald W. Thompson</u> <u>Oct. 4, 07</u> <u>850/576-6249</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					