

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N06744

FILED  
Apr 29, 2009  
Secretary of State

**Entity Name:** THE TOWNHOMES OF ST. GEORGE HOMEOWNERS ASSOCIATION, INC.

**Current Principal Place of Business:**

1760 E GULF BEACH DR  
ST GEORGE ISLAND, FL 32328

**New Principal Place of Business:**

**Current Mailing Address:**

P O BOX 876  
EASTPOINT, FL 32328

**New Mailing Address:**

**FEI Number:** 59-2929572

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired (X)**

**Name and Address of Current Registered Agent:**

COMMUNITY MANAGEMENT SERVICES, INC  
1914 SUNSET DR  
ST GEORGE ISLAND, FL 32328 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE:

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: P ( ) Delete  
Name: MOORE, NANCY  
Address: P O BOX 40089  
City-St-Zip: AUGUSTA, GA 30909

Title: VP ( ) Delete  
Name: HORNE, RYAN  
Address: 1760 E. GULF BEACH DRIVE A-5  
City-St-Zip: ST GEORGE ISLAND, FL 32328

Title: T ( ) Delete  
Name: HUFF, ROBERT  
Address: 926 ELBERTON RD  
City-St-Zip: LEXINGTON, GA 30648

Title: D ( ) Delete  
Name: MELTON, DOTTIE  
Address: 451 CEDAR HILL RD  
City-St-Zip: TALLAHASSEE, FL 32312

Title: S (X) Delete  
Name: MILLER, NANCY  
Address: 1444 LACHONA CT  
City-St-Zip: ATLANTA, GA 30329

Title: D (X) Delete  
Name: RIORDAN, TONI  
Address: 2107 W DEKLE AVE  
City-St-Zip: TAMPA, FL 33606

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: P (X) Change ( ) Addition  
Name: HUFF, ROBERT  
Address: 926 ELBERTON RD  
City-St-Zip: LEXINGTON, GA 30648

Title: VP (X) Change ( ) Addition  
Name: MILLER, NANCY  
Address: 1444 LA CHONA COURT  
City-St-Zip: ATLANTA, GA 30329

Title: T (X) Change ( ) Addition  
Name: WILSON, KENYON  
Address: 7707 HWY C-30A  
City-St-Zip: PORT ST. JOE, FL 32456

Title: S (X) Change ( ) Addition  
Name: EAKES, DORIS  
Address: P O BOX F  
City-St-Zip: RICHLAND, GA 31825

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: WAYNE M GLEASMAN

RA

04/29/2009

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date