FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

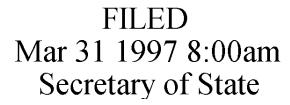
Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # N49985

(7)

ST. GEORGE ISLAND RESORT VILLAGE ASSOCIATION, IN C.





Principal Place	e of Business	Mailing A	Mailing Address				e inmittet Mis dintin iblish total bitet bitet bitet bitet bitet bitet bitet bitet bitet fitti fetti fatti				
1234 TIMBERLAN TALLAHASSEE F			1234 TIMBERLAND ROAD TALLAHASSEE FL 32312-1710								
							3. Date Incorporated or Qualified 07/22/1992	3a. Dat 0	te of Last F 4/18/198	leport 6	
	ace of Business		2a. Mailing Address				4. FEI Number 59-3169574		A	oplied For	
21		26					Tivot Applicatie				
Suite, Apt.	#, etc		Suite, Apt. #, etc.				5. Certificate of Status Desired			Additional	
City & State	2	27 City 8	27 City & State							equired	
23	5	— — ´ ′	28				6. Election Campaign Financing Trust Fund Contribution			May Be	
Zip	Zip Country		Zip Country							to Fees	
24	25				•		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes				
	9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent						
					81	Name					
JOHNSOI	n. Ben			-	82	Stroot Addre	ess (P.O. Box Number is Not Accepta	blol			
	BERLANE RD		62 Street Ac			Street Addre	ass (F.O. Box Number is Not Accepta	ole)			
TALLAHA	SSEE FL 32312				83						
				ļ.	84	City			las Zin	Code	
						•		FL	-"		
11. Pursuant to office or re	to the provisions of Sections 617.05 egistered agent, or both, in the Stat m familiar with, and accept the obli	02 and 617.1508 le of Florida. Such detions of Section	B, Florida Statut h change was i	es, the ab authorized	ove-	named corpo he corporati	oration submits this statement for the on's board of directors. I hereby acce	ourpose of pt the appo	changing in intment as	ts registered registered	
SIGNATURE	Signature typed or printed name of registered a	-				alonat un societa	od when reinstating)	DATE			
12.		ND DIRECTORS	11401	13.	AGO II	algunative require	ADDITIONS/CHANGES TO OFFI		DIRECTOR	RS IN 12	
TITLE	DP		DELETE	1.1 717	LE		7,000,000,000,000,000,000,000,000,000,0		Change	Addition	
NAME	JOHNSON, BEN			1.2 NAI				•			
STREET ADDRESS				1.3 S7	REFT A	DDRESS				İ	
CITY - ST - ZIP	TALLAHASSEE FL			1.4 CIT							
TITLE	DV		DELETE	21 TITLE					Change	Addition	
NAME	JOHNSON, SHARON		22 N/		ME				_		
STREET ACCRESS	5600 PIMLICO DR		2.3 STREET ADDRESS		DDRESS				ļ		
CITY-SI-ZIP	TALLAHASSEE FL		2. 4 CIT		IY-ST	-ZIP				!	
TITLE	DST		DELETE	3.1 TITI	LE				Change	Addition	
NAME	NESMITH, JOHN			3.2 NAJ	ME						
STREET ADDRESS	1234 TIMBERLANE RD.			3.3 STF	REET AL	DDRESS					
CITY-ST-ZIP	TALL FL		3.4. CITY-ST-ZIP		- ZIP				ľ		
TITLE			DELETE	4.1 TIT	ιŧ				Change	Addition	
NAME				4. 2 NA	ME						
STREET ADDRESS				4.3 STR	REET AI	DDRESS					
CITY-ST-ZIP				4.4 CIT	Y-ST-	ZIP					
TITLE			DELETE	5.1 T(T)	LE				Change	☐ Addition	
NAME				5.2 NA	ME						
STREET ADDRESS				5.3 STR	EET AI	DDRESS					
CITY-ST-ZIP				5.4 CIT	Y-ST-	ZIP					
TITLE			DELETE	6.1 TIT	Æ				Change	Addition	
NAME				6.2 NA	ΝE						
STREET ADDRESS				6.3 STR	EET A	DDRESS					
CITY-S1-ZIP				6.4 CIT	Y-ST-	ZIP					

I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block—13 if changed, or on an attachment with an address.

SIGNATURE:

Ren Johnson

3/22/97

893-8600