

FILED
Jun 01, 1999 8:00 am
Secretary of State

06-01-1999 90039 023 ****61.25

NONPROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N50961

1. Corporation Name

THE BLUFFS AT ST. GEORGE HOMEOWNERS' ASSOCIATION, INC.

Principal Place of Business

1234 TIMBERLANE RD
 TALLAHASSEE FL 32312

Mailing Address

1234 TIMBERLANE RD
 TALLAHASSEE FL 32312

P.O. 1837
Tallahassee 71 32302



2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.	09/23/1992
22 City & State	27 City & State	4. FEI Number
23 Zip	28 Zip	59-3170622
24 Country	29 Country	Applied For
	30	Not Applicable
5. Certificate of Status Desired		\$8.75 Additional Fee Required
6. Election Campaign Financing		\$5.00 May Be Added to Fees
Trust Fund Contribution		

9. Name and Address of Current Registered Agent

JOHNSON, BEN
1234 TIMBERLANE RD
TALLAHASSEE FL 32312

10. Name and Address of New Registered Agent

81 Name	85 Zip Code
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	FL

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

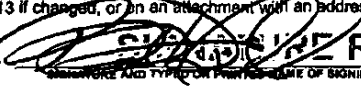
Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when renewing)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DS ☐ DELETE	1.1 TITLE	☐ Change ☐ Addition
NAME	BOYLE, ROBYN	1.2 NAME	
STREET ADDRESS	283 ROSEHILL DRIVE EAST	1.3 STREET ADDRESS	
CITY-ST-ZIP	TALLAHASSEE FL 32312	1.4 CITY-ST-ZIP	
TITLE	DT ☐ DELETE	2.1 TITLE	☐ Change ☐ Addition
NAME	ROWLAND, BRIAN	2.2 NAME	
STREET ADDRESS	3567 LAKEVIEW DRIVE	2.3 STREET ADDRESS	
CITY-ST-ZIP	TALLAHASSEE FL	2.4 CITY-ST-ZIP	
TITLE	DT CASHIN, DANN - PRESIDENT ☐ DELETE	3.1 TITLE	☐ Change ☐ Addition
NAME	1250 W. LAKEVIEW DRIVE	3.2 NAME	
STREET ADDRESS	LIVE OAK PLANTATION RD	3.3 STREET ADDRESS	
CITY-ST-ZIP	TALLAHASSEE FLA 32302	3.4 CITY-ST-ZIP	
TITLE	☐ DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	☐ DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	☐ DELETE	6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I 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 in an attachment with an address, with all other like empowered.

SIGNATURE:  **SIGNATURE REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (1/98)

6-1-99