

**2009 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT****FILED**  
**Aug 25, 2009**  
**Secretary of State**

DOCUMENT# N50961

**Entity Name:** THE BLUFFS AT ST. GEORGE HOMEOWNERS' ASSOCIATION, INC.**Current Principal Place of Business:**1516 WINDY PASS  
ST. GEORGE ISLAND, FL 32328**New Principal Place of Business:****Current Mailing Address:**PO BOX 1837  
TALLAHASSEE, FL 32302**New Mailing Address:****FEI Number:** 59-3170622**FEI Number Applied For ( )****FEI Number Not Applicable ( )****Certificate of Status Desired ( )****Name and Address of Current Registered Agent:**MATALON, ELI  
1466 LEO AVE  
TALLAHASSEE, FL 32303 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:** DS ( ) Delete  
**Name:** WALL, MARK  
**Address:** 414 E 20TH ST  
**City-St-Zip:** ROME, GA 30161**Title:** PD ( ) Delete  
**Name:** ROWLAND, CHERIE  
**Address:** PO BOX 1837  
**City-St-Zip:** TALLAHASSEE, FL 32302**Title:** VP ( ) Delete  
**Name:** MATALON, ELI  
**Address:** 1466 LEE AVE.  
**City-St-Zip:** TALLAHASSEE, FL 32303**Title:** ( ) Delete  
**Name:**  
**Address:**  
**City-St-Zip:****ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:****Title:** VP (X) Change ( ) Addition  
**Name:** WALL, MARK  
**Address:** 414 E 20TH ST  
**City-St-Zip:** ROME, GA 30161 US**Title:** DS (X) Change ( ) Addition  
**Name:** ROWLAND, CHERIE  
**Address:** PO BOX 1837  
**City-St-Zip:** TALLAHASSEE, FL 32302 US**Title:** P (X) Change ( ) Addition  
**Name:** MATALON, ELI  
**Address:** 1466 LEE AVE.  
**City-St-Zip:** TALLAHASSEE, FL 32303 US**Title:** T ( ) Change (X) Addition  
**Name:** ROWLAND, BRIAN  
**Address:** PO BOX 1837  
**City-St-Zip:** TALLAHASSEE, FL 32302 US

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: BRIAN ROWLAND (TREASURER)

T

08/25/2009

Electronic Signature of Signing Officer or Director

Date