

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000165876

FILED  
Apr 26, 2006  
Secretary of State

Entity Name: RESORT VACATION PROPERTIES OF ST. GEORGE ISLAND, INC.

**Current Principal Place of Business:**

123 WEST GULF BEACH DRIVE  
ST. GEORGE ISLAND, FL 32328

**New Principal Place of Business:**

**Current Mailing Address:**

123 WEST GULF BEACH DRIVE  
ST. GEORGE ISLAND, FL 32328

**New Mailing Address:**

FEI Number: 20-1994910      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

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

SHULER, THOMAS M  
34-4TH STREET  
APALACHICOLA, FL 32320      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

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: P,D ( ) Delete  
Name: PRICKETT, DIANA L  
Address: 425 WEST BAY SHORE DRIVE  
City-St-Zip: ST. GEORGE ISLAND, FL 32328

Title: VP,D ( ) Delete  
Name: MATHIS, BARBARA  
Address: 199-24TH AVENUE  
City-St-Zip: APALACHICOLA, FL 32320

Title: VP,D ( ) Delete  
Name: DEARINGER, ELIZABETH M  
Address: 100 APALACHEE DRIVE  
City-St-Zip: APALACHICOLA, FL 32320

Title: S,D ( ) Delete  
Name: BRINKLEY, BETH  
Address: 3 TIMBERWOOD COURT  
City-St-Zip: APALACHICOLA, FL 32320

Title: T,D ( ) Delete  
Name: INGALLS, DANA  
Address: 103 PLANTATION DRIVE  
City-St-Zip: PORT ST. JOE, FL 32456

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

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

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

Title: VP,D (X) Change ( ) Addition  
Name: DEARINGER, MARY E  
Address: 100 APALACHEE DRIVE  
City-St-Zip: APALACHICOLA, FL 32320

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 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 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: DIANA L PRICKETT

P,D

04/26/2006

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date