

**2008 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Mar 06, 2008 8:00 am**  
**Secretary of State**

03-06-2008 90039 019 \*\*\*150.00

**DOCUMENT # P04000165876**

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



Principal Place of Business  
123 WEST GULF BEACH DRIVE  
ST. GEORGE ISLAND, FL 32328

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

**DO NOT WRITE IN THIS SPACE**



01082008 No Chg-P CR2E034 (11/05)

4. FEI Number  
20-1994910

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75** Additional  
Fee Required

**6. Name and Address of Current Registered Agent**

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

**DO NOT WRITE  
IN THIS SPACE**

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when resigning)

DATE

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2008 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

**10. OFFICERS AND DIRECTORS**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
P,D  
PRICKETT, DIANA L  
425 WEST BAY SHORE DRIVE  
ST. GEORGE ISLAND, FL 32328

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
VP,D  
MATHIS, BARBARA  
199-24TH AVENUE  
APALACHICOLA, FL 32320

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
VP,D  
DEARINGER, MARY E  
100 APALACHEE DRIVE  
APALACHICOLA, FL 32320

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
S,D  
BRINKLEY, BETH  
3 TIMBERWOOD COURT  
APALACHICOLA, FL 32320

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
T,D  
INGALLS, DANA  
103 PLANTATION DRIVE  
PORT ST. JOE, FL 32456

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

**DO NOT WRITE  
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

**SIGNATURE:**

*Dana Ingalls* Dana Ingalls

2/27/08

850-927-2322

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #