

**FILE NOW: FILING FEE IS \$61.25**

NONPROFIT CORPORATION  
ANNUAL REPORT  
**1996**



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

**DOCUMENT # 711315 (2)**

1. Corporation Name  
**GEORGIAN COURT APARTMENTS, INC.**



Principal Place of Business <b>1801 NE 62ND STREET APT. 125 FT. LAUDERDALE FL 33308</b>	Mailing Address <b>1801 NE 62ND STREET APT. 125 FT. LAUDERDALE FL 33308</b>
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3. Date Incorporated or Qualified <b>08/08/1966</b>	3a. Date of Last Report <b>03/15/1995</b>
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2. Principal Place of Business 21	2a. Mailing Address 26	4. FEI Number <b>59-1172290</b>	Applied For Not Applicable
22	27	5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
23	28	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>
24	25	29	30

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

**10. Name and Address of New Registered Agent**

**WEST, BARBARA F.  
4530 NORTH FEDERAL HIGHWAY  
FT. LAUDERDALE FL 33308**

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

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 *Barbara F. West*  
Signature, typed or printed name of registered agent and file if applicable.

(NOTE: Registered Agent signature required when reinstating)

**3/7/96**  
DATE

**12. OFFICERS AND DIRECTORS**

TITLE	<b>D</b>	<input type="checkbox"/> DELETE
NAME	<b>ROSCETTI, PAT</b>	
STREET ADDRESS	<b>4530 N FEDERAL HWY</b>	
CITY - ST - ZIP	<b>FT LAUDERDALE, FL 00000</b>	
TITLE	<b>TD</b>	<input type="checkbox"/> DELETE
NAME	<b>ANDERSON, JAMES P.</b>	
STREET ADDRESS	<b>4530 N FEDERAL HWY</b>	
CITY - ST - ZIP	<b>FT. LAUDERDALE FL</b>	
TITLE	<b>VPD</b>	<input type="checkbox"/> DELETE
NAME	<b>GALLAGHER, FRANK</b>	
STREET ADDRESS	<b>4530 N. FEDERAL HIGHWAY</b>	
CITY - ST - ZIP	<b>FT. LAUDERDALE FL</b>	
TITLE	<b>D</b>	<input type="checkbox"/> DELETE
NAME	<b>BOWSER, FRANK</b>	
STREET ADDRESS	<b>4530 N FEDERAL HWY</b>	
CITY - ST - ZIP	<b>FT. LAUDERDALE FL</b>	
TITLE	<b>PD</b>	<input type="checkbox"/> DELETE
NAME	<b>WEST, BARBARA</b>	
STREET ADDRESS	<b>4530 N FEDERAL HWY</b>	
CITY - ST - ZIP	<b>FT LAUDERDALE, FL 00000</b>	
TITLE	<b>SD</b>	<input type="checkbox"/> DELETE
NAME	<b>BOCHICCHIO, M.L.</b>	
STREET ADDRESS	<b>4530 N FEDERAL HWY</b>	
CITY - ST - ZIP	<b>FT LAUDERDALE, FL 00000</b>	

**13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12**

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY - ST - ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY - ST - ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY - ST - ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY - ST - ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY - ST - ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY - ST - ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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: *Barbara F. West*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**3/7/96**  
Date

**954-772-5353**  
Daytime Phone #

CR2E037 (12/95)