


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 10, 2005 8:00 am
Secretary of State

01-10-2005 90050 012 ****61.25

DOCUMENT # 711315					
1. Entity Name GEORGIAN COURT APARTMENTS, INC.					
Principal Place of Business 1801 NE 62ND STREET APT. 125 FT. LAUDERDALE, FL 33308			Mailing Address 1801 NE 62ND STREET APT. 125 FT. LAUDERDALE, FL 33308		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip	Country	Zip	Country	4. FEI Number 59-1172290	
				Applied For <input type="checkbox"/> Not Applicable	
				5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
WEST, BARBARA F. 4530 NORTH FEDERAL HIGHWAY FT. LAUDERDALE, FL 33308			Name		
			Street Address (P.O. Box Number is Not Acceptable)		
			City		
			FL		Zip Code
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 <i>Barbara F. West</i>			1/06/05		DATE
Filing Fee is \$61.25 Due by May 1, 2005			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		Make check payable to Florida Department of State
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	VPD	<input type="checkbox"/> Delete	TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	JACOVINO, ROBERT		NAME	Al Stossel	
STREET ADDRESS	4530 N FEDERAL HWY		STREET ADDRESS	4530 N. Federal Highway	
CITY-ST-ZIP	FT LAUDERDALE, FL		CITY-ST-ZIP	Ft. Lauderdale, FL	
TITLE	TD	<input type="checkbox"/> Delete	TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	EDELFEIT, IVAN		NAME	Weiner, Harvey	
STREET ADDRESS	4530 N FEDERAL HWY		STREET ADDRESS	4530 N. Federal Highway	
CITY-ST-ZIP	FT. LAUDERDALE, FL		CITY-ST-ZIP	Ft. Lauderdale, FL	
TITLE	D	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	APICELLA, EDWARD		NAME		
STREET ADDRESS	4530 N. FEDERAL HIGHWAY		STREET ADDRESS		
CITY-ST-ZIP	FT. LAUDERDALE, FL		CITY-ST-ZIP		
TITLE	D	<input checked="" type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BOWSER, FRANK		NAME		
STREET ADDRESS	4530 N FEDERAL HWY		STREET ADDRESS		
CITY-ST-ZIP	FT. LAUDERDALE, FL		CITY-ST-ZIP		
TITLE	S	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WEST, BARBARA		NAME		
STREET ADDRESS	4530 N FEDERAL HWY		STREET ADDRESS		
CITY-ST-ZIP	FT LAUDERDALE, FL		CITY-ST-ZIP		
TITLE	P	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BOCHICCHIO, M.L.		NAME		
STREET ADDRESS	4530 N FEDERAL HWY		STREET ADDRESS		
CITY-ST-ZIP	FT LAUDERDALE, FL		CITY-ST-ZIP		
12. 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 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 617, 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: <i>Barbara F. West</i>			Barbara F. West		1/06/05 954-772-5353
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date		Daytime Phone #

