
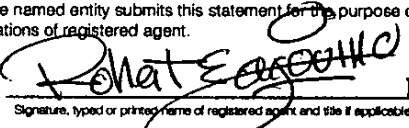
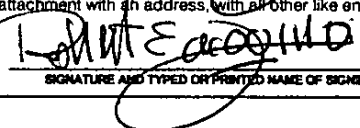


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 27, 2006 8:00 am
Secretary of State

02-27-2006 90098 004 ****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.		Suits, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 59-1172290	
				Applied For 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 Robert E. Jacovino		
			Street Address (P.O. Box Number is Not Acceptable)		
			1801 NE 62nd St., #125		
			City Ft. Lauderdale, FL		Zip Code 33308
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: 		PRESIDENT		2/21/06	
Signature, typed or printed name of registered agent and title if applicable.		(NOTE: Registered Agent signature required when reinstating)		DATE	
Filing Fee is \$61.25 Due by May 1, 2006		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	P	<input type="checkbox"/> Delete	TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	JACOVINO, ROBERT		NAME	Michael Perry	
STREET ADDRESS	1801 NE 62nd St., #125		STREET ADDRESS	1801 NE 62nd St., #125	
CITY-ST-ZIP	FT LAUDERDALE, FL		CITY-ST-ZIP	Ft. Lauderdale, FL	
TITLE	TD	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	EDEL FELT, IVAN		NAME		
STREET ADDRESS	1801 NE 62nd St., #125		STREET ADDRESS		
CITY-ST-ZIP	FT. LAUDERDALE, FL		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	APICELLA, EDWARD		NAME		
STREET ADDRESS	1801 NE 62nd St., #125		STREET ADDRESS		
CITY-ST-ZIP	FT. LAUDERDALE, FL		CITY-ST-ZIP		
TITLE	VPD	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	STOSSEL, AL		NAME		
STREET ADDRESS	1801 NE 62nd St., #125		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	Palmento, Theresa		NAME		
STREET ADDRESS	1801 NE 62nd St., #125		STREET ADDRESS		
CITY-ST-ZIP	FT LAUDERDALE, FL		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Harvey Wiener		NAME		
STREET ADDRESS	1801 NE 62nd St., #125		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 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 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: 		PRESIDENT		2/21/06	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR				Date Daytime Phone #	