


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

**FILED**  
**Mar 31 1998 8:00am**  
**Secretary of State**

NONPROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # 746440 (7)**  
 Corporation Name  
**THE GEORGIAN CONDOMINIUM ASSOCIATION, INC.**



Principal Place of Business <b>1621 COLLINS AVE MIAMI BEACH FL 33139</b>	Mailing Address <b>1621 COLLINS AVE MIAMI BEACH FL 33139</b>
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3. Date Incorporated or Qualified <b>03/26/1979</b>	
4. FEI Number <b>59-2059160</b>	Applied For <input type="checkbox"/> Yes <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>
7. Is this nonprofit corporation a homeowners association? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business <b>21</b>	2a. Mailing Address <b>26</b>
Suite, Apt. #, etc. <b>22</b>	Suite, Apt. #, etc. <b>27</b>
City & State <b>23</b>	City & State <b>28</b>
Zip <b>24</b>	Country <b>25</b>
Zip <b>29</b>	Country <b>30</b>

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

**FERRO, M. E. ESO.**  
**1073 NE 125TH ST**  
**N MIAMI FL 33161**

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

81 Name <b>ROSA DE LA CAMARA</b>	
82 Street Address (P.O. Box Number is Not Acceptable) <b>WATERBURY CENTER PARK, 5201 BLUE LAGOON DR.</b>	
83 <b>SUITE 100</b>	
84 City <b>MIAMI</b>	85 Zip Code <b>FL 33126</b>

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, am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE: *Rosa de la Camara* DATE: **3/23/98**

**12. OFFICERS AND DIRECTORS**

TITLE	VD	<input checked="" type="checkbox"/> DELETE
NAME	TORRES, CECILIA	
STREET ADDRESS	1621 COLLINS AVE #606	
CITY-ST-ZIP	MIAMI BEACH FL	
TITLE	PD	<input checked="" type="checkbox"/> DELETE
NAME	COSTALES, GLADYS	
STREET ADDRESS	1621 COLLINS AVE #714	
CITY-ST-ZIP	MIAMI BCH, FL 00000	
TITLE	SD	<input type="checkbox"/> DELETE
NAME	MIRANDA, LUCIANO	
STREET ADDRESS	2105 S.W. 98 AVENUE	
CITY-ST-ZIP	MIAMI FL	
TITLE	TD	<input checked="" type="checkbox"/> DELETE
NAME	LOPEZ, ALFONSO	
STREET ADDRESS	1621 COLLINS AVE #604	
CITY-ST-ZIP	MIAMI BEACH FL	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	MEDINA, OSCAR	
STREET ADDRESS	1621 COLLINS AVE #704	
CITY-ST-ZIP	MIAMI FL	
TITLE	PD	<input checked="" type="checkbox"/> DELETE
NAME	MARRERO, RAMON	
STREET ADDRESS	1621 COLLINS AVE #612	
CITY-ST-ZIP	MIAMI BEACH FL	

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

1.1 TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	MARTIN LEIBOWITZ	
1.3 STREET ADDRESS	1621 COLLINS AVENUE #701	
1.4 CITY-ST-ZIP	MIAMI BEACH, FL 33139	
2.1 TITLE	VD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	BERNARDINO PAVONE	
2.3 STREET ADDRESS	1623 COLLINS AVENUE #809	
2.4 CITY-ST-ZIP	MIAMI BEACH, FL 33139	
3.1 TITLE	SD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	MARIA ESPINOSA	
3.3 STREET ADDRESS	9684 S.W. 99 STREET	
3.4 CITY-ST-ZIP	MIAMI, FL 33176	
4.1 TITLE	TD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	MARIA FERNANDEZ	
4.3 STREET ADDRESS	1621 COLLINS AVENUE #1008	
4.4 CITY-ST-ZIP	MIAMI BEACH, FL 33139	
5.1 TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	ADRIANA DEMIRDJIAN	
5.3 STREET ADDRESS	1621 COLLINS AVENUE #1001	
5.4 CITY-ST-ZIP	MIAMI BEACH, FL 33139	
6.1 TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	LUCIANO MIRANDA	
6.3 STREET ADDRESS	2105 S.W. 98 AVENUE	
6.4 CITY-ST-ZIP	MIAMI, FL	

14. 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 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: *Martin Leibowitz* DATE: **3-20-98** DAYTIME PHONE: **672-6839**

CR2E037 (10/97)