

FILE NOW: FILING FEE IS \$61.25

FILED
Mar 31 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
--	---	---

DOCUMENT # **746440** (7)
1. Corporation Name
THE GEORGIAN CONDOMINIUM ASSOCIATION, INC.



Principal Place of Business 1621 COLLINS AVE MIAMI BEACH FL 33139	Mailing Address 1621 COLLINS AVE MIAMI BEACH FL 33139
---	---

3. Date Incorporated or Qualified

03/26/1979

4. FEI Number

59-2059160

Applied For

Not Applicable

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country
---	--

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

7. Is this nonprofit corporation a homeowners association?

☒ Yes ☐ No

8. This corporation owes or has paid the current year Intangible
Personal Property Tax due June 30. ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

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

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

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*

3/23/98

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE VD	<input checked="" type="checkbox"/> DELETE	1.1 TITLE PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME TORRES, CECILIA		1.2 NAME MARTIN LEIBOWITZ	
STREET ADDRESS 1621 COLLINS AVE #606		1.3 STREET ADDRESS 1621 COLLINS AVENUE #701	
CITY-ST-ZIP MIAMI BEACH FL		1.4 CITY-ST-ZIP MIAMI BEACH, FL 33139	
TITLE PD	<input checked="" type="checkbox"/> DELETE	2.1 TITLE VD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME COSTALES, GLADYS		2.2 NAME BERNARDINO PAVONE	
STREET ADDRESS 1621 COLLINS AVE #714		2.3 STREET ADDRESS 1623 COLLINS AVENUE #809	
CITY-ST-ZIP MIAMI BCH, FL 00000		2.4 CITY-ST-ZIP MIAMI BEACH, FL 33139	
TITLE SD	<input type="checkbox"/> DELETE	3.1 TITLE SD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME MIRANDA, LUCIANO		3.2 NAME MARIA ESPINOSA	
STREET ADDRESS 2105 S.W. 98 AVENUE		3.3 STREET ADDRESS 9684 S.W. 99 STREET	
CITY-ST-ZIP MIAMI FL		3.4 CITY-ST-ZIP MIAMI, FL 33176	
TITLE TD	<input checked="" type="checkbox"/> DELETE	4.1 TITLE TD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME LOPEZ, ALFONSO		4.2 NAME MARIA FERNANDEZ	
STREET ADDRESS 1621 COLLINS AVE #604		4.3 STREET ADDRESS 1621 COLLINS AVENUE #1008	
CITY-ST-ZIP MIAMI BEACH FL		4.4 CITY-ST-ZIP MIAMI BEACH, FL 33139	
TITLE D	<input checked="" type="checkbox"/> DELETE	5.1 TITLE D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME MEDINA, OSCAR		5.2 NAME ADRIANA DEMIRDJIAN	
STREET ADDRESS 1621 COLLINS AVE #704		5.3 STREET ADDRESS 1621 COLLINS AVENUE #1001	
CITY-ST-ZIP MIAMI FL		5.4 CITY-ST-ZIP MIAMI BEACH, FL 33139	
TITLE PD	<input checked="" type="checkbox"/> DELETE	6.1 TITLE D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME MARRERO, RAMON		6.2 NAME LUCIANO MIRANDA	
STREET ADDRESS 1621 COLLINS AVE #612		6.3 STREET ADDRESS 2105 S.W. 98 AVENUE	
CITY-ST-ZIP MIAMI BEACH FL		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

3-20-98

672-6839

SIGNATURE AND TITLE OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (10/97)