


2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Jul 16, 2004 8:00 am
Secretary of State

07-16-2004 90011 031 ****61.25

DOCUMENT # 746440	
1. Entity 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
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2. Principal Place of Business	3. Mailing Address
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Suite, Apt. #, etc.	Suite, Apt. #, etc.
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City & State	City & State
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Zip	Country	Zip	Country
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MOORE CR2E037 (11/03)

4. FEI Number 59-2059160	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent DE LA CAMARA, ROSA WATERFORD CENTER PARK, 5201 BLUE LAGOON DR SUITE 100 MIAMI FL 33126

7. Name and Address of New Registered Agent
Name See attached
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 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstalling)	DATE
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FILE NOW: FEE IS \$61.25 Due By May 1, 2004	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
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10. OFFICERS AND DIRECTORS	
TITLE PD NAME POLA, JORGE STREET ADDRESS 6600 SW 51 TERRACE CITY-ST-ZIP MIAMI FL 33165	<input type="checkbox"/> Delete
TITLE V NAME DIAZ, LUISA STREET ADDRESS 1621 COLLINS AVENUE #806 CITY-ST-ZIP MIAMI BEACH FL 33139	<input type="checkbox"/> Delete
TITLE S NAME EL-AMIR, NANCY STREET ADDRESS 1623 COLLINS AVENUE, #915 CITY-ST-ZIP MIAMI BEACH FL 33139	<input type="checkbox"/> Delete
TITLE T NAME NAZAR, PATRICIA STREET ADDRESS 1621 COLLINS AVENUE, #307 CITY-ST-ZIP MIAMI BEACH FL 33139	<input type="checkbox"/> Delete
TITLE D NAME CANDELA, ANDRES STREET ADDRESS 42 BAY HEIGHTS DR/VW CITY-ST-ZIP MIAMI FL 33133	<input type="checkbox"/> Delete
TITLE D NAME CASTELLANOS, OSCAR STREET ADDRESS 1621 COLLINS AVENUE #710 CITY-ST-ZIP MIAMI BEACH FL 33139	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE PD NAME Pola, Jorge STREET ADDRESS 6600 SW 51 Terrace CITY-ST-ZIP Miami, FL 33165	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE V NAME Nancy El Amir STREET ADDRESS 1623 Collins Ave. #915 CITY-ST-ZIP Miami Beach, FL 33139	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE S NAME Luisa Diaz STREET ADDRESS 1621 Collins Avenue #806 CITY-ST-ZIP Miami Beach, FL 33139	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE T NAME Maria L. Fernandez STREET ADDRESS 1621 Collins Avenue #1008 CITY-ST-ZIP Miami Beach, FL 33139	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE D NAME Ramon Marrero STREET ADDRESS 1623 Collins Avenue #612 CITY-ST-ZIP Miami Beach, FL 33139	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE D NAME Nilo Correa STREET ADDRESS 1621 Collins Avenue #506 CITY-ST-ZIP Miami Beach, FL 33139	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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:  SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	DATE July 17, 2004 Daytime Phone # (305) 672-6839
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STATEMENT OF CHANGE OF CORPORATE REGISTERED AGENT AND/OR
~~Attachment~~ CORPORATE REGISTERED OFFICE

54062870

Pursuant to the provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, the undersigned corporation organized under the laws of the State of Florida submits the following statement in order to change its registered agent, registered office or both, in the State of Florida.

1. THE GEORGIAN CONDOMINIUM ASSOCIATION, INC.
(Name of Corporation)

2. The mailing address of the Corporation 1621 Collins Avenue
Miami Beach, FL 33139

3. Date of incorporation qualification: 3/26/1979 Document Number: 746440

4. Name and address of registered agent and office currently on record with this office:

DE LA CAMARA ROSA
WATERFORD CENTER PARK, 5201 BLUE LAGOON DR.
SUITE 100, MIAMI FL 33126

5. New registered agent and/or office address:

Glazer & Associates, P.A.
1920 E. Hallandale Beach Blvd.
8th Floor
Hallandale, FL 33009 Tel. (954) 455-1666

The street address of the registered office and the street address of the business office of the registered agent are identical. Such change was authorized by the board of directors or an office of the corporation so authorized by the board of directors.

[Signature]
(Signature of Chairman, vice-chairman, or officer)

2/26/04
(Date)

TORGE POLA
(Printed or typed name)

6. Signature of new registered agent, if applicable:

Having been named as registered agent and to accept service of process for the above stated corporation, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligation of my position as registered agent.

[Signature]
(Registered Agent accepting appointment)

2-6-04
(Date)

If signing on behalf of an entity:

Eric Glazer, Pres.
(Typed or Printed Name)

2-6-04
(Capacity)

Filing Fee: \$35.00

Make checks payable to Florida Department of State and mail to:

Division of Corporation

P.O. Box 6327

Tallahassee, FL 32314