


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 06, 2006 8:00 am
Secretary of State

02-06-2006 90068 005 ****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				
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 59-2059160				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				
GLAZER & ASSOCIATES, P.A. 1920 E. HALLANDALE BEACH BLVD. 8TH FLOOR HALLANDALE, FL 33009			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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>							
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	PD	<input checked="" type="checkbox"/> Delete	TITLE	P.D.	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
NAME	POLA, JORGE		NAME	Maria L. Fernandez			
STREET ADDRESS	6600 SW 51 TERRACE		STREET ADDRESS	1621 Collins Avenue #1008			
CITY-ST-ZIP	MIAMI, FL 33165		CITY-ST-ZIP	Miami Beach, FL 33139			
TITLE	V	<input checked="" type="checkbox"/> Delete	TITLE	V	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
NAME	EL AMIR, NANCY		NAME	Etna M. Gonzalez			
STREET ADDRESS	1623 COLLINS AVE #915		STREET ADDRESS	1623 Collins Avenue #515			
CITY-ST-ZIP	MIAMI BEACH, FL 33139		CITY-ST-ZIP	Miami Beach, FL 33139			
TITLE	S	<input checked="" type="checkbox"/> Delete	TITLE	S	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
NAME	MARRERO, RAMON		NAME	Luisa Diaz			
STREET ADDRESS	1623 COLLINS AVE # 612		STREET ADDRESS	1621 Collins Avenue #806			
CITY-ST-ZIP	MIAMI BEACH, FL 33139		CITY-ST-ZIP	Miami Beach, FL 33139			
TITLE	PD	<input checked="" type="checkbox"/> Delete	TITLE	T	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	FERNANDEZ, MARIA L		NAME	Gladys Costales			
STREET ADDRESS	1621 COLLINS AVENUE #1008		STREET ADDRESS	1623 Collins Avenue #714			
CITY-ST-ZIP	MIAMI BEACH, FL 33139		CITY-ST-ZIP	Miami Beach, FL 33139			
TITLE	T	<input type="checkbox"/> Delete	TITLE	V	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	COSTALES, GLADYS		NAME	Joseph Pigg			
STREET ADDRESS	1623 COLLINS AVENUE, # 714		STREET ADDRESS	1623 Collins Avenue #611			
CITY-ST-ZIP	MIAMI BEACH, FL 33139		CITY-ST-ZIP	Miami Beach, FL 33139			
TITLE	D	<input type="checkbox"/> Delete	TITLE	B	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	PIGG, JOSEPH		NAME	Jorge Polá			
STREET ADDRESS	1623 COLLINS AVE. # 611		STREET ADDRESS	6600 SW 51 Terrace			
CITY-ST-ZIP	MIAMI BEACH, FL 33139		CITY-ST-ZIP	Miami, FL 33165			
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: <u>Maria L. Fernandez</u>		Maria L. Fernandez President		305-672-6839			
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<small>Date</small>		<small>Daytime Phone #</small>			