

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 09, 2007 8:00 am**  
**Secretary of State**

05-09-2007 90112 030 \*\*\*\*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**

40109121



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

03082007 Chg-NP CR2E037 (12/06)

City & State

City & State

4. FEI Number  
**59-2059160**

Applied For  
Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐ \$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 **Rosa m. de la Camara**

Street Address (P.O. Box Number is Not Acceptable)  
**Becker & Poliakoff, P.A.**

**121 Alhambra Plaza, 10th floor**

City **Coral Gables**

FL

Zip Code  
**33134**

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

*Rosa m. de la Camara for Becker + Poliakoff, P.A.*

3/8/07

**Filing Fee is \$61.25  
Due by May 1, 2007**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

**Make check payable to  
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE NAME	PD FERNANDEZ, MARIA L	<input checked="" type="checkbox"/> Delete
STREET ADDRESS	1621 COLLINS AVE # 1008	
CITY-ST-ZIP	MIAMI BEACH, FL 33139	
TITLE NAME	V GONZALEZ, ETNA M	<input checked="" type="checkbox"/> Delete
STREET ADDRESS	1623 COLLINS AVE # 515	
CITY-ST-ZIP	MIAMI BEACH, FL 33139	
TITLE NAME	S DIAZ, LUISA	<input type="checkbox"/> Delete
STREET ADDRESS	1621 COLLINS AVE # 806	
CITY-ST-ZIP	MIAMI BEACH, FL 33139	
TITLE NAME	T COSTALES, GLADYS	<input type="checkbox"/> Delete
STREET ADDRESS	1623 COLLINS AVE # 714	
CITY-ST-ZIP	MIAMI BEACH, FL 33139	
TITLE NAME	V PIGG, JOSEPH	<input checked="" type="checkbox"/> Delete
STREET ADDRESS	1623 COLINS AVE #611	
CITY-ST-ZIP	MIAMI BEACH, FL 33139	
TITLE NAME	D POLA, JORGE	<input checked="" type="checkbox"/> Delete
STREET ADDRESS	6600 SW 51 TERR	
CITY-ST-ZIP	MIAMI, FL 33165	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME	P Nazar, Patricia	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS	1621 COLLINS AVE. # 307	
CITY-ST-ZIP	MIAMI BEACH, FL 33139	
TITLE NAME	V Pola, Jorge	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS	1621 COLLINS AVE. # 610	
CITY-ST-ZIP	MIAMI BEACH, FL 33139	
TITLE NAME	D Gonzalez, Etna	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS	1621 COLLINS AVE. # 515	
CITY-ST-ZIP	MIAMI BEACH, FL 33139	
TITLE NAME	D Cardela, Andres	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS	1621 COLLINS AVE. # 901	
CITY-ST-ZIP	MIAMI BEACH, FL 33139	
TITLE NAME	D Zaldivar, Jose	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS	1621 COLLINS AVE. # 1013	
CITY-ST-ZIP	MIAMI BEACH, FL 33139	
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
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:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

305-4442626