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Secretary of State

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NONPROFIT CORPORATION
 ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # N02519

1. Corporation Name

GEORGIAN COURTS HOMEOWNERS ASSOCIATION, INC.

Principal Place of Business

% ANTHONY M. CODELLA, JR.
 1063 NORTHUMBERLAND COURT
 WELLINGTON FL 33414

Mailing Address

% ANTHONY M. CODELLA, JR.
 1063 NORTHUMBERLAND COURT
 WELLINGTON FL 33414



2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip Country

25

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

29

30

3. Date incorporated or Qualified

04/05/1984

4. FEI Number

59-2517452

Applied For
 Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
 Fee Required

6. Election Campaign Financing
 Trust Fund Contribution

\$5.00 May Be
 Added to Fees

9. Name and Address of Current Registered Agent

CODELLA, ANTHONY M JR.
 1063 NORTHUMBERLAND COURT
 WELLINGTON FL 33414

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

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

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE PD DELETE

NAME PASCAL, BETSY
 STREET ADDRESS 1000 US 1 NORTH
 CITY-ST-ZIP NORTH PALM BEACH FL 33408

TITLE TD DELETE

NAME SEDER, JAMES M.
 STREET ADDRESS 13454 OLD ENGLISHTOWN ROAD
 CITY-ST-ZIP WELLINGTON FL

TITLE SD DELETE

NAME SCHECKNER, SY
 STREET ADDRESS 1480 S. MILITARY
 CITY-ST-ZIP WEST PALM BEACH FL

TITLE DELETE

NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE DELETE

NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE DELETE

NAME
 STREET ADDRESS
 CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 Change Addition

1.1 TITLE Change Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP Change Addition

2.1 TITLE Change Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP Change Addition

3.1 TITLE Change Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP Change Addition

4.1 TITLE Change Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP Change Addition

5.1 TITLE Change Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP Change Addition

6.1 TITLE Change Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP Change Addition

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, with all other like empowered.

SIGNATURE:

James M. Seder
 SIGNATURE OF SIGNING OFFICER OR DIRECTOR

1/19/99
 Date

(561) 790-3318
 Daytime Phone #

CR2E037 (1/98)