

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT 1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Morthan
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **N15926 (1)**

1. Corporation Name
GEORGIANA GROVES PROPERTY OWNERS ASSOCIATION, INC.



Principal Place of Business: **4065 RHONDA COURT MERRITT ISLAND FL 32952-3212**
Mailing Address: **4065 RHONDA COURT MERRITT ISLAND FL 32952-3212**

3. Date Incorporated or Qualified: **07/17/1986**
3a. Date of Last Report: **05/01/1995**
4. FEI Number: **59-2822318**
5. Certificate of Status Desired: **\$8.75 Additional Fee Required**
6. Election Campaign Financing Trust Fund Contribution: **\$5.00 May Be Added to Fees**
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes: Yes No

2. Principal Place of Business: 21, 22, 23, 24
2a. Mailing Address: 26, 27, 28, 29, 30

9. Name and Address of Current Registered Agent
**HAMILTON, JOHN B III
4065 RHONDA COURT
MERRITT ISLAND FL 32952-3212**

10. Name and Address of New Registered Agent
81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
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: _____ DATE: _____

12. OFFICERS AND DIRECTORS

TITLE	PD	<input checked="" type="checkbox"/> DELETE
NAME	GARNER, J.	
STREET ADDRESS	190 WARING WAY	
CITY - ST - ZIP	MERRITT ISLAND FL	
TITLE	VD	<input checked="" type="checkbox"/> DELETE
NAME	E. WOODWARD	
STREET ADDRESS	4065 RHONDA CT	
CITY - ST - ZIP	MERRITT ISLAND FL	
TITLE	TD	<input type="checkbox"/> DELETE
NAME	HAMILTON, JOHN B III	
STREET ADDRESS	4065 RHONDA COURT	
CITY - ST - ZIP	MERRITT ISLAND FL	
TITLE	SD	<input checked="" type="checkbox"/> DELETE
NAME	THRAPP	
STREET ADDRESS	205 WARING WAY	
CITY - ST - ZIP	MERRITT ISLAND FL 32952	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	ELDRED, WILLIAM J	
1.3 STREET ADDRESS	4045 LIBBY CT	
1.4 CITY - ST - ZIP	MERRITT IS. FL 32952	
2.1 TITLE	VD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	GARNER, J	
2.3 STREET ADDRESS	190 WARING WAY	
2.4 CITY - ST - ZIP	MERRITT IS FL 32952	
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY - ST - ZIP		
4.1 TITLE	SD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	E. WOODWARD	
4.3 STREET ADDRESS	4065 RHONDA CT	
4.4 CITY - ST - ZIP	MERRITT IS FL 32952	
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY - ST - ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY - ST - ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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: *J.B. Hamilton* J.B. Hamilton 4-23-95 407 499 6979

CR2E037 (12/95)