FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

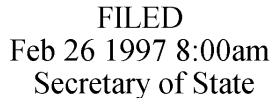
1997

DOCUMENT # N15926 (1)

GEORGIANA GROVES PROPERTY OWNERS ASSOCIATION, IN C.

Principal Place of Business

Mailing Address





4065 RHONDA COURT MERRITT ISLAND FL 32952-3212			4065 RHONDA COURT MERRITT ISLAND FL 32952-6212											
							3. Da	te Incorporated o	r Qualified	ualified 3a. Date of Last Report 05/01/1996				
2. Principal P	lace of Business	2a. Mailing Address					4. FE	I Number	····	1	., .	plied For		
21		26						59-2822318	}			t Applicable		
Suite, Apt.	#, etc.	Suite, Apt. #, etc.										Additional		
22			27					5 . Ce	ertificate of Status	Desired		Fee Re		
City & State			City & State					1	ection Campaign	•	_	\$5.00	May Be	
Zip Country			Zip Country					ust Fund Contribu			Added			
24 24	25	29 30			ntry			8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes						
[24]	9. Name and Add							10. Name and Address of New Registered Agent						
						B1	Name	142 (44		, O. 11010 110	giotolog Ag			
HAMILITON, JOHN B III								(5.5						
	IONDA COURT		8			Street Ad	Address (P.O.	Box Number is N	lot Acceptab	ıle)				
MERRITT ISLAND FL 32952-3212						83								
						84	City				· · · · · · · · · · · · · · · · · · ·	e Zio (Code	
11. Pursuant to office or reason. La	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: Register 12. OFFICERS AND DIRECTORS 13							nt signature re			0.70 05510	DATE	DECYCE		
TITLE		OFFICERS AND L	IRECTORS	DELETE	13.	ri r	г	ADL	DITIONS/CHANGI	S TO OFFIC				
	PD SUDDED WHILLA	44 1		L_ DCCCTC	1.1 TO						<u> </u>	Change	Addition	
NAME	ELDRED, WILLIA 4045 LIBBY COL	1			1.2 NAME									
STREET ADDRESS					1.3 STREET ADDRESS 1.4 CITY+ST-ZIP							į.		
CITY-ST-ZIP TITLE	MERRITT ISLAND) FL		DELETE	1.4 CI 2.1 TII		T-ZIP					Change	Addition	
NAME	GARNER, J.			had because) Change	☐ wooliion	
STREET ADDRESS	190 WARING WA				2.2 NAME							ľ		
·	MERRITT ISLAND				2.3 STREET ADDRESS 2.4 CITY-ST-ZIP									
CITY-ST-ZIP TITLE	TD	7 F L		DELETE	3.1 111		ST-ZIP			······	Γ,	Change	Addition	
NAME	HAMILITON, JOH	IN R III			3.2 NA						L) Unlarige		
STREET ADDRESS	4065 RHONDA (3.3 STREET ADDRESS							1		
CHY-ST-ZIF	MERRITT ISLANI													
TITLE	SD	/ L		DELETE	3.4. CI 4.1 TIT		51- LIF					Change	Addition	
NAME	WOODWARD, G.				4. 2 N						<u> </u>	, onunge	rigonion (
STREET ADDRESS	4055 RHONDA C						ADDRESS							
CITY-ST-ZIP	MERRITT ISLAND				4.4 Ci									
TITLE	menti ive/iii			DELETE	5.1 T)]		1 AN		··· · · · · · · · · · · · · · · · · ·		T	Change	Addition	
NAME					5.2 NA						!		total reportion	
STREET ADDRESS							ADDRESS					•		
CITY-ST-ZIP					5.4 CF		· · · · · · · · · · · · · · · · · · ·							
TITLE				DELETE	6.1 Tr		1-411					Change	Addition	
NAME					6.2 NA							go		
STREET ADORESS							ADDRESS							
CITY-ST-ZIP					6.4 CI									
	by certify that the inform	mation supplied w	ith this filing	does not quali	y for the	exe	mption sta	ated in Section	n 119.07(3)(i), Fk	orida Statutes	s. I further ce	ertify 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 a paradichment with an address.

SIGNATURE: