#### **FILE NOW: FILING FEE IS \$61.25**

NONPROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

#### Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

### **DOCUMENT # N15926**

## GEORGIANA GROVES PROPERTY OWNERS ASSOCIATION, IN

Principal Place of Business 4060 RHONDA COURT MERRITT ISLAND FL 32952-212 US

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

21

22

23

Mailing Address

2a. Mailing Address

Suite, Apt. #, etc.

City & State

26

27

28

4060 RHONDA COURT MERRITT ISLAND FL 32952-212

# FILED May 10, 1999 8:00 am Secretary of State

05-10-1999 90186 002 \*\*\*\*61.25

		_

Applied For

\$8.75 Additional

Fee Required

Not Applicable

535084 - 90186 - 2

3. Date Incorporated or Qualifed

5. Certifcate of Status Desired

07/17/1986

59-2822318

4. FEI Number

<u> </u>	···	7:-	Country		¢E 00
Zip	Country	Zip	Country	6. Election Campaign Financing	\$5.00 May Be
4 32952	-62/2 25	29 37957-6717 3	0	Trust Fund Contribution	Added to Fees
	9. Name and Address of Current I	Registered Agent	101111	10. Name and Address of New Registe	red Agent
			81 Name		
OLSEEN, I	BRUCE E		82 Street Add	Iress (P.O. Box Number is Not Acceptable)	
	NDA COURT				
	ISLAND FL 32952-6212		83		
, me, a a a a	00 40 16 0000 00 10		24 27		85 Zip Code
			84 City		FL 85 Zip Code
office or n	to the provisions of Sections 617.0502 a egistered agent, or both, in the State of m familiar with, and accept the obligation	Florida, Such change was aut	horized by the corporat	poration submits this statement for the purpor ion's board of directors. I hereby accept the a	e of changing its registered ppointment as registered
SIGNATURE	Signature, typed or printed name of registered agent a	nd title if sonlicable (NOTE: R	egistered Agent signature requir	ed when reinstating) DAT	É
12.	OFFICERS AND	· · · · · · · · · · · · · · · · · · ·	13.	ADDITIONS/CHANGES TO OFFICER	S AND DIRECTORS IN 12
mle	PD	DELETE	1,1 TITLE		☐ Change ☐ Addition
NAME	ELDRED, WILLIAM J	_	1.2 NAME		
	4045 LIBBY COURT		1.3 STREET ADDRESS		
STREET ADDRESS					
CITY-ST-ZIP	MERRITT ISLAND FL	☐ DELETE	1.4 CITY-ST-ZIP 2.1 TITLE		☐ Change ☐ Addition
TITLE	VD	OCCLIC			
NAME	BARNINI, MARILYN		2.2 NAME		
STREET ADDRESS	170 WARING WAY		2.3 STREET ADDRESS		
CITY-ST-ZIP	MERRITT ISLAND FL		2.4 CITY-ST-ZIP		Change Addition
TITLE	TSD	☐ DELETÉ	3.1 TITLE	TD DISCHARDING S	FLCtigide [] Vacination
NAME	OLSEEN, BRUCE E		3.2 NAME	OISEEN, BRUCE E 4060 Rhula Court	
STREET ADDRESS			3.3 STREET ADDRESS		و م
CITY-ST-ZIP	MERRITT ISLAND FL		3.4. CITY-ST-ZIP	MEKRITT ISLAM	in Fi.
TITLE		☐ DELETE	4.1 TITLE	5 P	Change Addition
NAME			4. 2 NAME	WOODWARD. BETH	
STREET ADDRESS	]	•	4.3 STREET ADDRESS	WOODWARD, BIETH YOSS RHONDA COU	IRT
CITY-ST-ZIP			4.4 CITY-ST-ZIP	MRKRITT ISLA	ND PL.
TITLE		☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY-ST-ZIP		
TITLE		☐ DELETÉ	6.1 TITLE		☐ Change ☐ Addition
			6.2 NAME		
NAME			6.3 STREET ADDRESS		
STREET ADDRESS			6.4 CITY-ST-ZIP		
CITY-ST-ZIP					

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.

MECHERICA REUNIRALDI AM J. ELDRED 4/30/99 (407) 452-3769