

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 11, 2000 8:00 am**  
**Secretary of State**

04-11-2000 90010 045 \*\*\*\*61.25

**DOCUMENT # N15926**

1. Entity Name

**GEORGIANA GROVES PROPERTY OWNERS ASSOCIATION, IN**

Principal Place of Business

Mailing Address

**4060 RHONDA COURT  
 MERRITT ISLAND FL 32952  
 US**

**4060 RHONDA COURT  
 MERRITT ISLAND FL 32952-6212  
 US**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

**59-2822318**

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

**OLSEEN, BRUCE E  
 4060 RHONDA COURT  
 MERRITT ISLAND FL 32952-6212**

Name  
 Street Address (P.O. Box Number is Not Acceptable)  
 City **FL** Zip Code

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.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

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

9. Election Campaign Financing Trust Fund Contribution.

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

**Make Check Payable to Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	PD	<input checked="" type="checkbox"/> Delete
NAME	ELDRED, WILLIAM J	
STREET ADDRESS	4045 LIBBY COURT	
CITY-ST-ZIP	MERRITT ISLAND FL	
TITLE	VD	<input type="checkbox"/> Delete
NAME	BARNINI, MARILYN	
STREET ADDRESS	170 WARING WAY	
CITY-ST-ZIP	MERRITT ISLAND FL	
TITLE	TD	<input type="checkbox"/> Delete
NAME	OLSEEN, BRUCE E	
STREET ADDRESS	4060 RHONDA COURT	
CITY-ST-ZIP	MERRITT ISLAND FL	
TITLE	SD	<input checked="" type="checkbox"/> Delete
NAME	WOODWARD, BETH	
STREET ADDRESS	4055 RHONDA CT.	
CITY-ST-ZIP	MERRITT ISLAND FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	PD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	STRADER, JUDITH A.	
STREET ADDRESS	110 WARING WAY	
CITY-ST-ZIP	MERRITT ISLAND FL.	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	SD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	HARRISON, SANDI	
STREET ADDRESS	150 WARING WAY	
CITY-ST-ZIP	MERRITT ISLAND FL.	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. 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 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: *Judith A. Strader* JUDITH A STRADER 4/03/00 (321) 452-0035  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (9/99)

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DO NOT WRITE IN THIS SPACE