


# 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Apr 29, 2004 8:00 am**  
**Secretary of State**

04-29-2004 90350 049 \*\*\*\*61.25

<b>DOCUMENT # N15926</b>			
<b>1. Entity Name</b> GEORGIANA GROVES PROPERTY OWNERS ASSOCIATION, INC.			
<b>Principal Place of Business</b> 4060 RHONDA COURT MERRITT ISLAND FL 32952 US		<b>Mailing Address</b> 4060 RHONDA COURT MERRITT ISLAND FL 32952 US	
<b>2. Principal Place of Business</b> 170 WARING WAY		<b>3. Mailing Address</b> 170 WARING WAY	
Suite, Apt. #, etc. —		Suite, Apt. #, etc. —	
<b>City &amp; State</b> MERRITT ISLAND FL		<b>City &amp; State</b> MERRITT ISLAND FL	
<b>Zip</b> 32952	<b>Country</b> USA	<b>Zip</b> 32952	<b>Country</b> USA
<b>4. FEI Number</b> 59-2822318		<b>Applied For</b> <input type="checkbox"/> Not Applicable	
<b>5. Certificate of Status Desired</b> <input type="checkbox"/>		<b>\$8.75 Additional Fee Required</b>	
<b>6. Name and Address of Current Registered Agent</b> OLSEEN, BRUCE E 4060 RHONDA COURT MERRITT ISLAND FL 32952-6212		<b>7. Name and Address of New Registered Agent</b> <b>Name</b> BARNINI, ROBERT J. <b>Street Address (P.O. Box Number is Not Acceptable)</b> 170 WARING WAY <b>City</b> MERRITT ISLAND <b>FL</b> <b>Zip Code</b> 32952	
<b>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. I am familiar with, and accept the obligations of registered agent.</b>			
<b>SIGNATURE</b> <i>Robert J. Barnini</i>		<b>ROBERT J BARNINI</b> <b>4/27/04</b>	
<small>Signature, typed or printed name of registered agent and title if applicable.</small>		<small>(NOTE: Registered Agent signature required when reinstating) DATE</small>	
<b>FILE NOW: FEE IS \$61.25 Due By May 1, 2004</b>		<b>9. Election Campaign Financing</b> <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
		<b>Make Check Payable to Florida Department of State</b>	
<b>10. OFFICERS AND DIRECTORS</b>		<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>	
<b>TITLE</b> VD	<b>NAME</b> HEW, KEN <input type="checkbox"/> Delete	<b>TITLE</b> VD	<b>NAME</b> NEW, KENNETH J <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
<b>STREET ADDRESS</b> 150 WARINO WAY	<b>CITY-ST-ZIP</b> MERRITT ISLAND FL 32952	<b>STREET ADDRESS</b> 150 WARING WAY	<b>CITY-ST-ZIP</b> MERRITT ISLAND FL 32952
<b>TITLE</b> SD	<b>NAME</b> BARR, ANNE <input type="checkbox"/> Delete	<b>TITLE</b> SD	<b>NAME</b> BARR, ANNE L. <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
<b>STREET ADDRESS</b> 4045 LEONA COURT	<b>CITY-ST-ZIP</b> MERRITT ISLAND FL 32952	<b>STREET ADDRESS</b> 4045 LEONA COURT	<b>CITY-ST-ZIP</b> MERRITT ISLAND FL 32952
<b>TITLE</b> TD	<b>NAME</b> OLSEEN, BRUCE E <input checked="" type="checkbox"/> Delete	<b>TITLE</b> TD	<b>NAME</b> BARNINI, ROBERT J. <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
<b>STREET ADDRESS</b> 4060 RHONDA COURT	<b>CITY-ST-ZIP</b> MERRITT ISLAND FL	<b>STREET ADDRESS</b> 170 WARING WAY	<b>CITY-ST-ZIP</b> MERRITT ISLAND FL 32952
<b>TITLE</b> PD	<b>NAME</b> REID, DIANE <input type="checkbox"/> Delete	<b>TITLE</b> PD	<b>NAME</b> REID, DIANE M. <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
<b>STREET ADDRESS</b> 150 WARINO WAY	<b>CITY-ST-ZIP</b> MERRITT ISLAND FL 32952	<b>STREET ADDRESS</b> 160 WARING WAY	<b>CITY-ST-ZIP</b> MERRITT ISLAND FL 32952
<b>TITLE</b>	<b>NAME</b> <input type="checkbox"/> Delete	<b>TITLE</b>	<b>NAME</b> <input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>STREET ADDRESS</b>		<b>STREET ADDRESS</b>	
<b>CITY-ST-ZIP</b>		<b>CITY-ST-ZIP</b>	
<b>TITLE</b>	<b>NAME</b> <input type="checkbox"/> Delete	<b>TITLE</b>	<b>NAME</b> <input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>STREET ADDRESS</b>		<b>STREET ADDRESS</b>	
<b>CITY-ST-ZIP</b>		<b>CITY-ST-ZIP</b>	
<b>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.</b>			
<b>SIGNATURE:</b> <i>Diane Reid</i> <i>Mare Reid</i>		<b>4/26/04</b> <b>(321) 449-0590</b>	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<small>Date Daytime Phone #</small>	