


# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Apr 05, 2007 08:00 A**  
**Secretary of State**

<b>DOCUMENT # N15926</b> 1. Entity Name <b>GEORGIANA GROVES PROPERTY OWNERS ASSOCIATION, INC.</b>			
Principal Place of Business <b>170 WARING WAY MERRITT ISLAND FL 32952 US</b>		Mailing Address <b>170 WARING WAY MERRITT ISLAND FL 32952 US</b>	
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country



1st MOORE      CR2E037 (10/06)

4. FEI Number <b>59-2822318</b>		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75</b> Additional Fee Required			

<b>6. Name and Address of Current Registered Agent</b>  <b>BARNINI, ROBERT J 170 WARING WAY MERRITT ISLAND FL 32952</b>		<b>7. Name and Address of New Registered Agent</b>	
Name		Street Address (P.O. Box Number is Not Acceptable)	
City		State: <b>FL</b> 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating)      DATE \_\_\_\_\_

<b>FILE NOW: FEE IS \$61.25 Due By May 1, 2007</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees	<b>Make Check Payable to Florida Department of State</b>
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE: VD <input type="checkbox"/> Delete NAME: SMITH, MELINDA STREET ADDRESS: 4060 LEONA CT CITY-STATE-ZIP: MERRITT ISLAND FL 32952	TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME: STREET ADDRESS: CITY-STATE-ZIP:	U00000692021 04/13/07-80035-002 61.25	TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME: STREET ADDRESS: CITY-STATE-ZIP:
TITLE: SD <input type="checkbox"/> Delete NAME: TEDERS, FRAN STREET ADDRESS: 180 WARING WAY CITY-STATE-ZIP: MERRITT ISLAND FL 32952	TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME: STREET ADDRESS: CITY-STATE-ZIP:		TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME: STREET ADDRESS: CITY-STATE-ZIP:
TITLE: PD <input type="checkbox"/> Delete NAME: NEW, LINDA STREET ADDRESS: 150 WARING WAY CITY-STATE-ZIP: MERRITT ISLAND FL 32952	TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME: STREET ADDRESS: CITY-STATE-ZIP:		TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME: STREET ADDRESS: CITY-STATE-ZIP:
TITLE: TD <input type="checkbox"/> Delete NAME: BARNINI, ROBERT J STREET ADDRESS: 170 WARING WAY CITY-STATE-ZIP: MERRITT ISLAND FL 32952	TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME: STREET ADDRESS: CITY-STATE-ZIP:		TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME: STREET ADDRESS: CITY-STATE-ZIP:
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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, 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: Robert J. Barnini      **ROBERT J BARNINI**      4/3/07      321-452-1593