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CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

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SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 APR -5 PM 2:53

DOCUMENT # **N24766** **(0)**

1. Corporation Name

GEORGIANA SETTLEMENT HOMEOWNERS' ASSOC., INC.

Principal Place of Business	Mailing Address
C/O RAYMOND DONILON 1115 OLD PARSONAGE DRIVE MERRITT ISLAND FL 32952 US	C/O RAYMOND DONILON 1115 OLD PARSONAGE DR MERRITT ISLAND FL 32952 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 02/10/1988
3a. Date of Last Report: 04/26/1994
4. FEI Number: 59-2947948 ☐ Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐ **$68.75** Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☒ No

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip / Country 24 / 25	Zip / Country 29 / 30

9. Name and Address of Current Registered Agent

AMARI, RICHARD S.
98 WILLARD STREET, SUITE 302
COCOA FL 32952

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD	1.1 TITLE		☐ Change ☐ Addition
NAME	DONILON, RAYMOND	1.2 NAME		
STREET ADDRESS	1115 OLD PARSONAGE DR	1.3 STREET ADDRESS		
CITY-ST-ZIP	MERRITT ISLAND FL	1.4 CITY-ST-ZIP		
TITLE	SD	2.1 TITLE		☐ Change ☐ Addition
NAME	KREY, PAUL	2.2 NAME		
STREET ADDRESS	1040 OLD PARSONAGE RD	2.3 STREET ADDRESS		
CITY-ST-ZIP	MERRITT ISLAND FL	2.4 CITY-ST-ZIP		
TITLE	TD	3.1 TITLE		☐ Change ☐ Addition
NAME	SLEY, MARK	3.2 NAME		
STREET ADDRESS	1185 OLD PARSONAGE RD	3.3 STREET ADDRESS		
CITY-ST-ZIP	MERRITT ISLAND FL	3.4 CITY-ST-ZIP		
TITLE	V	4.1 TITLE	✓ Mary Hendrickson	☒ Change ☐ Addition
NAME	LORENZ, TIM	4.2 NAME	1200 old Parsonage Dr.	
STREET ADDRESS	1090 OLD PARSONAGE DR	4.3 STREET ADDRESS	M.I., Fl. 32952	
CITY-ST-ZIP	MERRITT ISLD FL	4.4 CITY-ST-ZIP		
TITLE	VD	5.1 TITLE	✓ Donna Zimmerman	☒ Change ☐ Addition
NAME	MILBY, JIM	5.2 NAME	1155 old Parsonage Dr.	
STREET ADDRESS	1230 OLD PARSONAGE RD	5.3 STREET ADDRESS	M.I, Fl. 32952	
CITY-ST-ZIP	MERRITT ISLAND FL	5.4 CITY-ST-ZIP		
TITLE		6.1 TITLE		☐ Change ☐ Addition
NAME		6.2 NAME		
STREET ADDRESS		6.3 STREET ADDRESS		
CITY-ST-ZIP		6.4 CITY-ST-ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify 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 an attachment with an address.

SIGNATURE: Raymond S. Donilon Raymond S. Donilon 3/12/95 407-453-4072
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone Number