

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **N24766** (0)
1. Corporation Name
GEORGIANA SETTLEMENT HOMEOWNERS' ASSOC., INC.



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

3. Date Incorporated or Qualified: 02/10/1988
3a. Date of Last Report: 04/05/1995

2. Principal Place of Business: 21 JIM DAVIS, 1025 OLD PARSONAGE DR, MERRITT ISLAND, FL, 32952, US
2a. Mailing Address: 26 C/O JIM DAVIS, 1025 OLD PARSONAGE DR, MERRITT ISLAND, FL, 32952, US

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
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes: Yes No

9. Name and Address of Current Registered Agent: AMARI, RICHARD S., 96 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, 85 Zip Code: FL

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

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

12. OFFICERS AND DIRECTORS

TITLE	PD	<input checked="" type="checkbox"/> DELETE
NAME	DONILON, RAYMOND	
STREET ADDRESS	1115 OLD PARSONAGE DR	
CITY-ST-ZIP	MERRITT ISLAND FL	
TITLE	SD	<input checked="" type="checkbox"/> DELETE
NAME	KREY, PAUL	
STREET ADDRESS	1040 OLD PARSONAGE RD	
CITY-ST-ZIP	MERRITT ISLAND FL	
TITLE	TD	<input checked="" type="checkbox"/> DELETE
NAME	SLEY, MARK	
STREET ADDRESS	1185 OLD PARSONAGE RD	
CITY-ST-ZIP	MERRITT ISLAND FL	
TITLE	V	<input checked="" type="checkbox"/> DELETE
NAME	HENDRICKSON, MARY	
STREET ADDRESS	1200 OLD PARSONAGE DR	
CITY-ST-ZIP	MERRITT ISLD FL	
TITLE	V	<input checked="" type="checkbox"/> DELETE
NAME	ZIMMERMAN, DORINE	
STREET ADDRESS	1155 OLD PARSONAGE DR	
CITY-ST-ZIP	MERRITT ISLAND FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	JIM DAVIS	
1.3 STREET ADDRESS	1025 OLD PARSONAGE DR.	
1.4 CITY-ST-ZIP	ME, FL 32952	
2.1 TITLE	SD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	ROXANNE SEBESTA	
2.3 STREET ADDRESS	1060 OLD PARSONAGE DR.	
2.4 CITY-ST-ZIP	ME, FL 32952	
3.1 TITLE	TD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	GILBERT C GRIGSBY	
3.3 STREET ADDRESS	1135 OLD PARSONAGE DR.	
3.4 CITY-ST-ZIP	ME, FL 32952	
4.1 TITLE	V	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	JOAN NABE	
4.3 STREET ADDRESS	1165 OLD PARSONAGE DR.	
4.4 CITY-ST-ZIP	ME, FL 32952	
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
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)(k), 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: [Signature] 12/19/96 (407) 784-7402
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (12/95)