


**SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997**  
**AMOUNT DUE ON OR BEFORE 8/17/97: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).**

**FILED**

**Jul 28 1997 8:00am**  
**Secretary of State**

<b>NONPROFIT CORPORATION ANNUAL REPORT 1997</b>		<b>FLORIDA DEPARTMENT OF STATE</b> <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # N24766 (0)**  
 1. Corporation Name  
**GEORGIANA SETTLEMENT HOMEOWNERS' ASSOC., INC.**



Principal Place of Business <b>JIM DAVIS</b> <b>1025 OLD PARSONAGE DR</b> <b>MERRITT ISLAND FL 32952</b> <b>US</b>	Mailing Address <b>JIM DAVIS</b> <b>1025 OLD PARSONAGE DR</b> <b>MERRITT ISLAND FL 32952</b> <b>US</b>
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**DO NOT WRITE IN THIS SPACE**

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

<b>3.</b> Date Incorporated or Qualified <b>02/10/1988</b>	<b>3a.</b> Date of Last Report <b>03/18/1996</b>
<b>4.</b> FEI Number <b>59-2947948</b>	Applied For Not Applicable
<b>5.</b> Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
<b>6.</b> Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>
<b>8.</b> This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> 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**

<b>81</b> Name
<b>82</b> Street Address (P.O. Box Number is Not Acceptable)
<b>83</b>
<b>84</b> City
<b>85</b> Zip Code

**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**

<b>TITLE</b>	<b>PD</b>	<input checked="" type="checkbox"/> DELETE
<b>NAME</b>	<b>DAVIS, JIM</b>	
<b>STREET ADDRESS</b>	<b>1025 OLD PARSONAGE DR</b>	
<b>CITY-ST-ZIP</b>	<b>MERRITT ISLAND FL</b>	
<b>TITLE</b>	<b>SD</b>	<input checked="" type="checkbox"/> DELETE
<b>NAME</b>	<b>SEBESTA, ROXANNE</b>	
<b>STREET ADDRESS</b>	<b>1060 OLD PARSONAGE DR</b>	
<b>CITY-ST-ZIP</b>	<b>MERRITT ISLAND FL</b>	
<b>TITLE</b>	<b>TD</b>	<input checked="" type="checkbox"/> DELETE
<b>NAME</b>	<b>GRIGSBY, GILBERT C</b>	
<b>STREET ADDRESS</b>	<b>1135 OLD PARSONAGE DR</b>	
<b>CITY-ST-ZIP</b>	<b>MERRITT ISLAND FL</b>	
<b>TITLE</b>	<b>V</b>	<input checked="" type="checkbox"/> DELETE
<b>NAME</b>	<b>NABE, JOAN</b>	
<b>STREET ADDRESS</b>	<b>1165 OLD PARSONAGE DR</b>	
<b>CITY-ST-ZIP</b>	<b>MERRITT ISLD FL</b>	
<b>TITLE</b>		<input type="checkbox"/> DELETE
<b>NAME</b>		
<b>STREET ADDRESS</b>		
<b>CITY-ST-ZIP</b>		
<b>TITLE</b>		<input type="checkbox"/> DELETE
<b>NAME</b>		
<b>STREET ADDRESS</b>		
<b>CITY-ST-ZIP</b>		

**13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12**

<b>1.1</b> TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
<b>1.2</b> NAME	<b>PD</b>
<b>1.3</b> STREET ADDRESS	<b>Donilon, Ray</b>
<b>1.4</b> CITY-ST-ZIP	<b>1115 Old Parsonage Dr</b>
<b>2.1</b> TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
<b>2.2</b> NAME	<b>SD</b>
<b>2.3</b> STREET ADDRESS	<b>PAUL, LARRY</b>
<b>2.4</b> CITY-ST-ZIP	<b>1150 OLD PARSONAGE DR</b>
<b>3.1</b> TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
<b>3.2</b> NAME	<b>TD</b>
<b>3.3</b> STREET ADDRESS	<b>Sebesta, Steve</b>
<b>3.4</b> CITY-ST-ZIP	<b>1060 Old Parsonage Dr</b>
<b>4.1</b> TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
<b>4.2</b> NAME	<b>V</b>
<b>4.3</b> STREET ADDRESS	<b>Schmidt, Rick</b>
<b>4.4</b> CITY-ST-ZIP	<b>1275 Old Parsonage Dr</b>
<b>5.1</b> TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>5.2</b> NAME	
<b>5.3</b> STREET ADDRESS	
<b>5.4</b> CITY-ST-ZIP	
<b>6.1</b> TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>6.2</b> NAME	
<b>6.3</b> STREET ADDRESS	
<b>6.4</b> CITY-ST-ZIP	

**14.** I do 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 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 REQUIRED** \_\_\_\_\_ **8/22/97** \_\_\_\_\_

CP2E037 (4/97)