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Feb 05 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998



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

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



Principal Place of Business Mailing Address

JIM DAVIS
1025 OLD PARSONAGE DR
MERRITT ISLAND FL 32952
US

JIM DAVIS
1025 OLD PARSONAGE DR
MERRITT ISLAND FL 32952
US

3. Date incorporated or Qualified
02/10/1988

4. FEI Number
59-2947948

Applied For
Not Applicable

2. Principal Place of Business 2a. Mailing Address

21 STEPHEN SEBESTA 28 STEPHEN SEBESTA
Suite, Apt. #, etc. Suite, Apt. #, etc.

22 1060 OLD PARSONAGE DR 27 1060 OLD PARSONAGE DR.
City & State City & State

23 MERRITT ISLAND FL 28 MERRITT ISLAND FL
Zip Zip Country Country

24 32952 25 US 29 32952 30 US

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. Is this nonprofit corporation a homeowners association?
 Yes No

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes No

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 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 617.0603, Florida Statutes.

SIGNATURE *[Signature]* 1/8/98
Signature typed by name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating.) DATE

12. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> DELETE
NAME	DONILON, RAY	
STREET ADDRESS	1115 OLD PARSONAGE DR	
CITY-ST-ZIP	MERRITT ISLAND FL	
TITLE	SD	<input type="checkbox"/> DELETE
NAME	PAUL, LARRY	
STREET ADDRESS	1150 OLD PARSON AVE DR	
CITY-ST-ZIP	MERRITT ISLAND FL	
TITLE	TD	<input type="checkbox"/> DELETE
NAME	SEBESTA, STEVE	
STREET ADDRESS	1060 OLD PARSONAGE DR	
CITY-ST-ZIP	MERRITT ISLAND FL	
TITLE	V	<input type="checkbox"/> DELETE
NAME	SCHMIDT, RICK	
STREET ADDRESS	1275 OLD PARSONAGE DR	
CITY-ST-ZIP	MERRITT ISLAND FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
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 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]* 1/8/98 407 861-5189

CR2E037 (10/97)