

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 21, 2000 8:00 am
Secretary of State

02-21-2000 90011 040 ****61.25

DOCUMENT # N24766

1. Entity Name

GEORGIANA SETTLEMENT HOMEOWNERS' ASSOC., INC.

Principal Place of Business

Mailing Address

1010 OLD PARSONAGE DR
 MERRITT ISLAND FL 32562
 US

GSHA
 1010 OLD PARSONAGE DR
 MERRITT ISLAND FL 32952-6138
 US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-2947948

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

\$8.75 Additional
 Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

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.

SIGNATURE _____

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW:
FEE IS \$61.25

9. Election Campaign Financing
 Trust Fund Contribution.

\$5.00 May Be
 Added to Fees

Make Check Payable to
Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **V** Delete
 NAME **DONILON, RAY**
 STREET ADDRESS **1115 OLD PARSONAGE DR**
 CITY-ST-ZIP **MERRITT ISLAND FL**

TITLE **V** Change Addition
 NAME **Jerry Carter**
 STREET ADDRESS **1125 Old Parsonage Dr**
 CITY-ST-ZIP **Merritt Island FL 32952**

TITLE **SD** Delete
 NAME **PAUL, LARRY**
 STREET ADDRESS **1150 OLD PARSON AVE DR**
 CITY-ST-ZIP **MERRITT ISLAND FL**

TITLE **SD** Change Addition
 NAME **Estrada, Kathleen**
 STREET ADDRESS **1025 Old Parsonage Dr**
 CITY-ST-ZIP **Merritt Island, FL 32952**

TITLE **TD** Delete
 NAME **BULLOCH, STEPHEN A**
 STREET ADDRESS **1010 OLD PARSONAGE DR**
 CITY-ST-ZIP **MERRITT ISLAND FL 32927**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **VD** Delete
 NAME **LINKOUS, CLOVIS**
 STREET ADDRESS **1210 OLD PARSONAGE DR**
 CITY-ST-ZIP **MERRITT ISLAND FL 32927**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **PD** Delete
 NAME **LORENZ, VICKI**
 STREET ADDRESS **1090 OLD PARSONAGE RD**
 CITY-ST-ZIP **MERRITT ISLAND FL**

TITLE **PD** Change Addition
 NAME **Hall Joe**
 STREET ADDRESS **1020 Old Parsonage Dr**
 CITY-ST-ZIP **Merritt Island FL 32952**

TITLE Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. 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 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 employment.

SIGNATURE:

Stephane Bulloch
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

2-12-00 321-454-5807