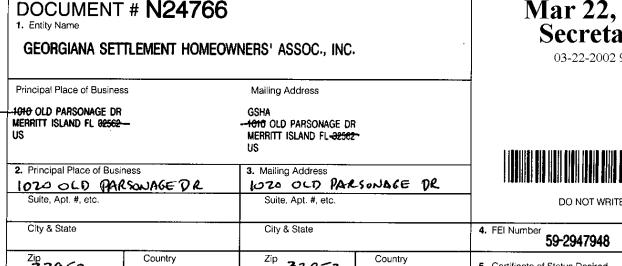
2002 UNIFORM BUSINESS REPORT (UBR) **DOCUMENT # N24766** 1. Entity Name GEORGIANA SETTLEMENT HOMEOWNERS' ASSOC., INC.

FILED Mar 22, 2002 8:00 am³ Secretary of State



DO NOT WRITE IN THIS SPACE Applied For Not Applicable 32952 \$8.75 Additional 32952 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) AMARI, RICHARD S. 96 WILLARD STREET, SUITE 302 COCOA FL 32952 City 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. DATE (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing \$5.00 May Be Make Check Payable to FILE NOW: FEE IS \$61.25 Trust Fund Contribution. Added to Fees Department of State 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 11. TITLE ☐ Delete TITLE ☐ Change Addition LUECK, DALE NAME NAME 1260 OLD PARSONAGE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP **MERRITT ISLAND FL 32952** SD X Delete TITLE **Addition** ☐ Change ESTRADA, KATH LEEN WALKER, CORA NAME NAME 1025 OLD PARSONAKE DK STREET ADDRESS 1030 OLD PARSONAGE STREET ADDRESS MERRITT ISLAND FL 32952 CITY-ST-ZIP CITY-ST-ZIP MERRITT ISLAND FL 32952 DILE **X** Delete TITLE ☐ Change **X** Addition **BULLOCH, STEPHEN A** NAME NAME MELLICK, JOHN E STREET ADDRESS 1010 OLD PARSONAGE DR STREET ADDRESS 1105 OLD PARSONAGE DR CITY-ST-7th MERRITT ISLAND FL 32927 CITY-ST-ZIP MERRITT ISLAND FL 32952 PDDelete TITLE TITLE. ☐ Change **X** Addition STRAHAN, JUDY NAME NAME DOROTHY F HALL, DOROTHY JANE STREET ADDRESS 1055 OLD PARSONAGE DRIVE 1020 OLD PARSONAGE DAIVE STREET ADDRESS CITY-ST-ZIP MERRITT ISLAND FL 32952 CITY-ST-ZIP MERRITT ISLAND FL 32952 TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP

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

SIGNATURE:

ATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR