

2002 UNIFORM BUSINESS REPORT (UBR)

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

03-22-2002 90012 042 ****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 32562~~
 US

2. Principal Place of Business

1020 OLD PARSONAGE DR

3. Mailing Address

1020 OLD PARSONAGE DR

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-2947948

Applied For

Not Applicable

Zip

32952

Country

Zip

32952

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 NAME STREET ADDRESS CITY-ST-ZIP	V LUECK, DALE 1260 OLD PARSONAGE MERRITT ISLAND FL 32952	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD WALKER, CORA 1030 OLD PARSONAGE MERRITT ISLAND FL 32952	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD BULLOCH, STEPHEN A 1010 OLD PARSONAGE DR MERRITT ISLAND FL 32927	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD STRAHAN, JUDY 1055 OLD PARSONAGE DRIVE MERRITT ISLAND FL 32952	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD ESTRADA, KATHLEEN 1025 OLD PARSONAGE DR MERRITT ISLAND FL 32952	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD MELLUCK, JOHN E 1105 OLD PARSONAGE DR MERRITT ISLAND FL 32952	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD DOROTHY J HALL, DOROTHY JANE 1020 OLD PARSONAGE DRIVE MERRITT ISLAND FL 32952	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 empowered.

SIGNATURE:

John E. Mellick
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

John E. Mellick

Date

3/4/02

Daytime Phone #

321-453-4104

CR2E037 (9/01)