


FILED
Apr 09, 2007 8:00 am
Secretary of State

DOCUMENT # N24766				Secretary of State 04-09-2007 90083 019 ****61.25	
1. Entity Name GEORGIANA SETTLEMENT HOMEOWNERS' ASSOC., INC.					
Principal Place of Business 1185 OLD PARSONAGE DR MERRITT ISLAND, FL 32952 US		Mailing Address GSHA 1185 OLD PARSONAGE DR MERRITT ISLAND, FL 32952 US			
2. Principal Place of Business - No P.O. Box #		3. Mailing Address 1220 Old Parsonage Dr			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State Merritt Island, FL		4. FEI Number 59-2947948	
Zip	Country	Zip	Country	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
		32952	USA		
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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small> DATE _____					
Filing Fee is \$61.25 Due by May 1, 2007		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
				Make check payable to Florida Department of State	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP BARCH, JEFF 1220 OLD PARSONAGE DR MERRITT ISLAND, FL 32952	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD KENKEL, LAWRENCE 1200 OLD PARSONAGE DR MERRITT ISLAND, FL 32952	<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	TD FLEMMING, KEVIN 1100 OLD PARSONAGE DR MERRITT ISLAND, FL 32952	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD VanHoose, Jerri 1230 Old Parsonage Dr Merritt Island, FL 32952 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P SLEY, MARK 1185 OLD PARSONAGA RD MERRITT ISLAND, FL 32952	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP Brindamour, Pamela 1215 Old Parsonage Dr Merritt Island, FL 32952 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	M DONILON, RAY 115 OLD PARSONAGE MERRITT ISLAND, FL 32952	<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		<input type="checkbox"/> Delete	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 exemptions contained in Chapter 119, 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: <u>Jeff Barch, Pres</u> 4/7/07 321-494-2031 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					