

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N24766

FILED
Apr 16, 2009
Secretary of State

Entity Name: GEORGIANA SETTLEMENT HOMEOWNERS' ASSOC., INC.

Current Principal Place of Business:

1200 OLD PARSONAGE DR
MERRITT ISLAND, FL 32952 US

New Principal Place of Business:

1220 OLD PARSONAGE DR
MERRITT ISLAND, FL 32952 US

Current Mailing Address:

1200 OLD PARSONAGE DR
MERRITT ISLAND, FL 32952 US

New Mailing Address:

1220 OLD PARSONAGE DR
MERRITT ISLAND, FL 32952 US

FEI Number: 59-2947948

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

_____ Date

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: KENKEL, LAWRENCE
Address: 1200 OLD PARSONAGE DR
City-St-Zip: MERRITT ISLAND, FL 32952

Title: VP () Delete
Name: DONILON, RAY
Address: 1115 OLD PARSONAGE DR
City-St-Zip: MERRITT ISLAND, FL 32952

Title: TD () Delete
Name: VANHOOSE, ROCKY
Address: 1230 OLD PARSONAGE DR
City-St-Zip: MERRITT ISLAND, FL 32952

Title: SD (X) Delete
Name: BRINDAMOUR, PAMELA
Address: 1215 OLD PARSONAGE DR
City-St-Zip: MERRITT ISLAND, FL 32952

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: BARCH, JEFF
Address: 1220 OLD PARSONAGE DR
City-St-Zip: MERRITT ISLAND, FL 32952

Title: VP (X) Change () Addition
Name: BRINDAMOUR, PAMELA R
Address: 1215 OLD PARSONAGE DR
City-St-Zip: MERRITT ISLAND, FL 32952

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: PAMELA R. BRINDAMOUR

VP

04/16/2009

Electronic Signature of Signing Officer or Director

_____ Date