

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 10, 2003 8:00 am
Secretary of State

01-10-2003 90103 031 ****61.25

DOCUMENT # N24766

1. Entity Name

GEORGIANA SETTLEMENT HOMEOWNERS' ASSOC., INC.



Principal Place of Business

**1020 OLD PARSONAGE DR
MERRITT ISLAND FL 32952
US**

Mailing Address

**GSHA
1020 OLD PARSONAGE DR
MERRITT ISLAND FL 32952
US**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **59-2947948**

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

CHECK HERE IF MAKING CHANGES



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 _____

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
Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	V	<input type="checkbox"/> Delete
NAME	LUECK, DALE	
STREET ADDRESS	1260 OLD PARSONAGE	
CITY-ST-ZIP	MERRITT ISLAND FL 32952	
TITLE	SD	<input type="checkbox"/> Delete
NAME	ESTRADA, KATHLEEN	
STREET ADDRESS	1025 OLD PARSONAGE DR	
CITY-ST-ZIP	MERRITT ISLAND FL 32952	
TITLE	TD	<input type="checkbox"/> Delete
NAME	MELICK, JOHN E	
STREET ADDRESS	1105 OLD PARSONAGE DR	
CITY-ST-ZIP	MERRITT ISLAND FL 32952	
TITLE	PD	<input type="checkbox"/> Delete
NAME	HALL, DOROTHY JANE	
STREET ADDRESS	1020 OLD PARSONAGE DR	
CITY-ST-ZIP	MERRITT ISLAND FL 32952	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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 empowered.

SIGNATURE: *Richard S. Amari* **RED**

1/06/03 (321) 449-9284

CR2E037 (10/02)