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**Feb 21, 1999 8:00 am**  
**Secretary of State**

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**NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1999**



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
Secretary of State  
DIVISION OF CORPORATIONS

**DOCUMENT # 712683**

1. Corporation Name

**GEORGIAN COURT APARTMENT NORTH, INC.**

Principal Place of Business

6261 NE 19TH AVE  
#1203  
FORT LAUDERDALE FL 33308  
US

Mailing Address

6261 N.E. 19 AVE.  
#1203  
FT. LAUDERDALE FL 33308  
US



2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

24 25 29 30

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

3. Date Incorporated or Qualified

05/04/1967

4. FEI Number

59-1216082

Applied For  
Not

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Election Campaign Financing  
Trust Fund Contribution ☐

**\$5.00** May Be  
Added to Fees

9. Name and Address of Current Registered Agent

RYAN, EDWARD J  
6261 N.E. 19TH AVE.  
#1203  
FT LAUDERDALE FL 33308

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE PD ☐ DELETE

NAME RYAN, EDWARD J  
STREET ADDRESS 6263 NE 19TH AVE #912  
CITY-ST-ZIP FORT LAUDERDALE FL 33308

TITLE VD ☐ DELETE

NAME MCGRATH, S. JAKE  
STREET ADDRESS 6260 NE 18TH AVE #805  
CITY-ST-ZIP FORT LAUDERDALE FL 33334

TITLE TD ☒ DELETE

NAME WILCOX, ROBERT E.  
STREET ADDRESS 6263 NE 19TH AVE #1001  
CITY-ST-ZIP FORT LAUDERDALE FL 33308

TITLE D ☐ DELETE

NAME DIXON, DANIEL  
STREET ADDRESS 6260 NE 18TH AVE #804  
CITY-ST-ZIP FORT LAUDERDALE FL 33334

TITLE D ☐ DELETE

NAME PRINDEVILLE, MARGUERITE  
STREET ADDRESS 6263 NE 19TH AVE #911  
CITY-ST-ZIP FORT LAUDERDALE FL 33308

TITLE D ☐ DELETE

NAME BRACKEN, JOHN  
STREET ADDRESS 6261 NE 19TH AVE #1102  
CITY-ST-ZIP FT. LAUDERDALE FL 33308

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☒ Change ☐

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

TD  
~~RYAN~~ CUMMINGS, DAVID  
6263 NE 19TH AVE #1021  
FORT LAUDERDALE FL 33308

4.1 TITLE ☐ Change ☐

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

14. 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

*Edouard R. Ryan*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  
Date 1-7-99 Daytime Phone # (954) 741-7562