

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 23, 2001 8:00 am
Secretary of State

05-23-2001 90464 038 ****61.25

DOCUMENT # N02519

1. Entity Name

GEORGIAN COURTS HOMEOWNERS ASSOCIATION, INC.

Principal Place of Business

c/o Anthony M. Codella, Jr.
 1063 Northumberland Ct.
 Wellington, FL 33414

Mailing Address

c/o Anthony Codella, Jr.
 1063 Northumberland Ct.
 Wellington, FL 33414

2. Principal Place of Business

c/o Castle Management, Inc.

3. Mailing Address

c/o Castle Management, Inc.

Suite, Apt. #, etc.

P.O. Box 189013

Suite, Apt. #, etc.

P.O. Box 189013

City & State

Plantation, FL

City & State

Plantation, FL

Zip

33318

Country

US

Zip

33318

Country

US

4. FEI Number

59-2517452

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

Codella, Anthony M. Jr.
 1063 Northumberland Court
 Wellington, FL 33414

7. Name and Address of New Registered Agent

Name

Juan E. Rodriguez, Esquire

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

80 S.W. 8th Street

Suite 2550

City

Miami

FL

Zip Code
 33130

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

Juan E. Rodriguez

Juan E. Rodriguez, Esquire

4/24/01

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

TITLE	PD	<input checked="" type="checkbox"/> Delete
NAME	Pascal, Betsy	
STREET ADDRESS	1000 US 1 North	
CITY-ST-ZIP	North Palm Beach, FL 33408	
TITLE	TD	<input checked="" type="checkbox"/> Delete
NAME	Seder, James M.	
STREET ADDRESS	13454 Old Englishtown Road	
CITY-ST-ZIP	Wellington, FL	
TITLE	SD	<input checked="" type="checkbox"/> Delete
NAME	Scheckner, Sy	
STREET ADDRESS	1480 S. Military Trail	
CITY-ST-ZIP	West Palm Beach, FL	
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"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	PD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Humphries, Michael	
STREET ADDRESS	8000 Governors Square Blvd., Suite 101	
CITY-ST-ZIP	Miami Lakes, FL 33016	
TITLE	VD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Roca Rafael	
STREET ADDRESS	8000 Governors Square Blvd., Suite 101	
CITY-ST-ZIP	Miami Lakes, FL 33016	
TITLE	SD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Sharpsteen, Candace	
STREET ADDRESS	8000 Governors Square Blvd., Suite 101	
CITY-ST-ZIP	Miami Lakes, FL 33016	
TITLE	TD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Guerra, Francis	
STREET ADDRESS	8000 Governors Square Blvd., Suite 101	
CITY-ST-ZIP	Miami Lakes, FL 33016	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Kohlhorst, Craig S.	
STREET ADDRESS	13444 Old Englishtown Road	
CITY-ST-ZIP	Wellington, FL 33414	
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 no 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: *Candace Sharpsteen* Candace Sharpsteen, Secretary 4/25/01 (561) 832-6661

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (11/00)