

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 25, 2007 8:00 am
Secretary of State

04-25-2007 90196 031 ****61.25

DOCUMENT # N02519 1. Entity Name GEORGIAN COURTS HOMEOWNERS ASSOCIATION, INC.					
Principal Place of Business 314 NE 3RD STREET BOYNTON BEACH, FL 33435			Mailing Address 314 NE 3RD STREET BOYNTON BEACH, FL 33435		
2. Principal Place of Business - No P.O. Box # 2950 Jog Rd		3. Mailing Address 2950 Jog Rd			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State Greenacres FL		City & State Greenacres FL		4. FEI Number 59-2517452	
Zip 33467		Country Palm Beach		Applied For Not Applicable	
5. Certificate of Status Desired ☐		\$8.75 Additional Fee Required			
6. Name and Address of Current Registered Agent REITER, GEORGE 322 NE 3RD STREET BOYNTON BEACH, FL 33435			7. Name and Address of New Registered Agent Name: SKRUD, Inc. Street Address (P.O. Box Number is Not Acceptable): 201 Alhambra Circle Suite 1102 Coral Gables FL Zip Code: 33134		
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: <i>Lisa Lerner</i> DATE: 4/24/07 Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)					
Filing Fee is \$61.25 Due by May 1, 2007		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 NAME STREET ADDRESS CITY-ST-ZIP	VP POLLIZZI, VICKI 13385 GEORGIAN CT WELLINGTON, FL 33414	☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	President Roundtree, Ken 13428 Georgian CT. Wellington FL 33414	☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD MAUSTELLER, JILL 13388 GEORGIAN CT WEST PALM BEACH, FL 33414	☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Treasurer Labocetta, Laura 13383 Georgian CT. Wellington FL 33414	☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P CHIN, FRANCIS 13402 GEORGIAN CT WELLINGTON, FL 33414	☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Secretary White, Mary 13448 Old English Town Rd. Wellington FL 33414	☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Director Chin, Francis 13402 Georgian CT Wellington FL 33414	☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Director Lauta, Ray 13430 Georgian CT Wellington FL 33414	☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ 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: <i>Nana Abaku</i> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			4/19/07 561-459-9630 Date Daytime Phone #		

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

ATTACHMENT

DOCUMENT # N02519 1. Entity Name GEORGIAN COURTS HOMEOWNERS ASSOCIATION, INC.					
Principal Place of Business 314 NE 3RD STREET BOYNTON BEACH, FL 33435			Mailing Address 314 NE 3RD STREET BOYNTON BEACH, FL 33435		
2. Principal Place of Business - No P.O. Box # 2950 Jog Rd Suite, Apt. #, etc.		3. Mailing Address 2950 Jog Rd Suite, Apt. #, etc.			
City & State Greenacres FL Zip 33467		City & State Greenacres FL Zip 33467		4. FEI Number 59-2517452	
Country Palm Beach		Country Palm Beach		5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent REITER, GEORGE 322 NE 3RD STREET BOYNTON BEACH, FL 33435				7. Name and Address of New Registered Agent Name: SKRLD, Inc. Street Address (P.O. Box Number is Not Acceptable): 201 Alhambra Circle Suite 1102 City: Coral Gables FL Zip Code: 33134	
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: <i>Lisa Lerner</i> Lisa Lerner, Secretary Signature typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE					
Filing Fee is \$61.25 Due by May 1, 2007		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 NAME STREET ADDRESS CITY-ST-ZIP	VP POLLIZZI, VICKI 13385 GEORGIAN CT WELLINGTON, FL 33414 ☒ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	President Roundtree, Ken 13428 Georgian CT. Wellington FL 33414 ☐ Change ☒ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD MAUSTELLER, JILL 13388 GEORGIAN CT WEST PALM BEACH, FL 33414 ☒ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	Treasurer Labocetta, Laura 13383 Georgian CT. Wellington FL 33414 ☐ Change ☒ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P CHIN, FRANCIS 13402 GEORGIAN CT WELLINGTON, FL 33414 ☒ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	Secretary White, Mary 13448 Old English Turn Rd. Wellington FL 33414 ☐ Change ☒ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	Director Chin, Francis 13402 Georgian CT Wellington FL 33414 ☐ Change ☒ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	Director Laura, Ray 13430 Georgian CT Wellington FL 33414 ☐ Change ☒ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ 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: <i>Nina Labocetta</i> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			4/19/07 561-459-9630 Date Diverse Phone #		