

**2015 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 746440

**FILED**  
**Jan 07, 2015**  
**Secretary of State**  
**CC3037287371**

**Entity Name:** THE GEORGIAN CONDOMINIUM ASSOCIATION, INC.

**Current Principal Place of Business:**

1621 COLLINS AVE  
MIAMI BEACH, FL 33139

**Current Mailing Address:**

1621 COLLINS AVE  
MIAMI BEACH, FL 33139

**FEI Number: 59-2059160**

**Certificate of Status Desired: Yes**

**Name and Address of Current Registered Agent:**

DE LA CAMARA, ROSA M  
BECKER & POLIAKOFF, P.A.  
121 ALHAMBRA PLAZA, 10TH FLOOR  
CORAL GABLES, FL 33134 US

*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

**Officer/Director Detail :**

Title	P
Name	POLA, JORGE SR
Address	1621 COLLINS AVE. #610
City-State-Zip:	MIAMI BEACH FL 33139
Title	S
Name	NOCETE, DAMINA
Address	34 SAMANA DRIVE
City-State-Zip:	COCONUT GROVE FL 33133
Title	D
Name	BARREIRO, GERARDO
Address	1621 COLLINS AVE #902
City-State-Zip:	MIAMI BEACH FL 33139

Title	V
Name	NAZAR, PATRICIA M
Address	1621 COLLINS AVE #307
City-State-Zip:	MIAMI BEACH FL 33139
Title	T
Name	RODRIGUEZ, JUAN
Address	1621 COLLINS AVE # 906
City-State-Zip:	MIAMI BEACH FL 33139

*I hereby 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 all other like empowered.*

**SIGNATURE: JORGE POLA**

**PRESIDENT**

**01/07/2015**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date