

**2019 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 746440

**FILED**  
**Jan 15, 2019**  
**Secretary of State**  
**8629252458CC**

**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 V  
Name NAZAR, PATRICIA M  
Address 1621 COLLINS AVE #307  
City-State-Zip: MIAMI BEACH FL 33139

Title ASST. SECRETARY  
Name NOCETE, DAMINA  
Address 34 SAMANA DRIVE  
City-State-Zip: COCONUT GROVE FL 33133

Title T  
Name PELAEZ, MARTHA  
Address 1621 COLLINS AVE  
1008  
City-State-Zip: MIAMI BEACH FL 33139

Title SECRETARY  
Name LEWSON, RICHARD  
Address 1621 COLLINS AVE #215  
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**

**01/15/2019**

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

\_\_\_\_\_  
Date