4045 LEONA C MERRITT ISLA				
Current Mai	ling Address:			
4045 LEONA MERRITT IS	ACT LAND, FL 32952 US			
FEI Number: 59-2822318			Certificate of Status Desired: No	
Name and A	ddress of Current Registered Agent:			
BARR, ANNE L 4045 LEONA C MERRITT ISLA				
The above named	I entity submits this statement for the purpose of changing its regis	tered office or regis	tered agent, or both, in the State of Flo	rida.
	I entity submits this statement for the purpose of changing its regis ANNE L BARR	tered office or regis	tered agent, or both, in the State of Flo	rida. 02/29/2024
		tered office or regis	tered agent, or both, in the State of Flo	
	Electronic Signature of Registered Agent	tered office or regis	tered agent, or both, in the State of Flo	02/29/2024
SIGNATURE	Electronic Signature of Registered Agent	tered office or regis	tered agent, or both, in the State of Flo	02/29/2024
SIGNATURE Officer/Dire	Electronic Signature of Registered Agent			02/29/2024
SIGNATURE Officer/Dire	Electronic Signature of Registered Agent Ctor Detail : PRESIDENT	Title	SECRETARY	02/29/2024
SIGNATURE Officer/Dire Title Name	Electronic Signature of Registered Agent Ctor Detail : PRESIDENT SMITH, MELINDA S 4060 LEONA COURT	Title Name	SECRETARY BARR, ANNE L 4045 LEONA CT	02/29/2024
SIGNATURE Officer/Dire Title Name Address	Electronic Signature of Registered Agent Ctor Detail : PRESIDENT SMITH, MELINDA S 4060 LEONA COURT	Title Name Address	SECRETARY BARR, ANNE L 4045 LEONA CT	02/29/2024
SIGNATURE Officer/Dire Title Name Address City-State-Zip:	Electronic Signature of Registered Agent Ctor Detail : PRESIDENT SMITH, MELINDA S 4060 LEONA COURT MERRITT ISLAND FL 32952	Title Name Address City-State-Zip:	SECRETARY BARR, ANNE L 4045 LEONA CT MERRITT ISLAND FL 32952	02/29/2024
SIGNATURE Officer/Dire Title Name Address City-State-Zip: Title	Electronic Signature of Registered Agent Ctor Detail : PRESIDENT SMITH, MELINDA S 4060 LEONA COURT MERRITT ISLAND FL 32952 VP	Title Name Address City-State-Zip: Title	SECRETARY BARR, ANNE L 4045 LEONA CT MERRITT ISLAND FL 32952 TREASURER	02/29/2024

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: ANNE L BARR

TREASURER/SECRETARY 02/29/2024

Electronic Signature of Signing Officer/Director Detail

2024 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N15926

Entity Name: GEORGIANA GROVES PROPERTY OWNERS ASSOCIATION, INC.

Current Principal Place of Business:

Ν

FILED Feb 29, 2024 Secretary of State 7541512807CC

Date