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Secretary of State

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NONPROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 713434

1. Corporation Name
GEORGIA BELLE APARTMENTS, INC.

413547-90087-26



Principal Place of Business
50 WEST LUCERNE CIRCLE
ORLANDO FL 32801

Mailing Address
50 WEST LUCERNE CIRCLE
ORLANDO FL 32801

2. Principal Place of Business 21 80 West Lucerne Circle Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country 25 26a. Mailing Address 26 80 West Lucerne Circle Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country 30 3. Date Incorporated or Qualified 10/10/1967 4. FEI Number 59-1300852 Applied For Not Applicable 5. Certificate of Status Desired X \$8.75 Additional Fee Required 6. Election Campaign Financing Trust Fund Contribution \$5.00 May Be Added to Fees

9. Name and Address of Current Registered Agent KEITH, HENRY T 50 WEST LUCERNE CIRCLE ORLANDO FL 32801 10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 80 West Lucerne Circle 83 84 City FL 85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE PD	NAME MILLS, CRAIG	1.1 TITLE	Change Addition
STREET ADDRESS 296 E SINGLAI DR	CITY-ST-ZIP TALLAHASSEE FL 32342	1.2 NAME	
TITLE V	NAME EMERSON, JAMES F	1.3 STREET ADDRESS 80 West Lucerne Circle	Change Addition
STREET ADDRESS 50 WEST LUCERNE CIRCLE	CITY-ST-ZIP ORLANDO FL 32801	1.4 CITY-ST-ZIP Orlando, FL 32801	
TITLE T	NAME KEITH, HENRY T	2.1 TITLE	Change Addition
STREET ADDRESS 50 WEST LUCERNE CIRCLE	CITY-ST-ZIP ORLANDO FL 32801	2.2 NAME	
TITLE SD	NAME BARRINEAU, PATRICIA M	2.3 STREET ADDRESS 80 West Lucerne Circle	Change Addition
STREET ADDRESS 1416 CRESTVIEW AVENUE	CITY-ST-ZIP TALLAHASSEE FL 32308	2.4 CITY-ST-ZIP	
TITLE D	NAME MILTON, JOHN	3.1 TITLE	Change Addition
STREET ADDRESS 50 WEST LUCERNE CIRCLE	CITY-ST-ZIP ORLANDO FL 32801	3.2 NAME	
TITLE D	NAME DAVIS, CAROL F	3.3 STREET ADDRESS 80 West Lucerne Circle	Change Addition
STREET ADDRESS 524 DORADO AVENUE	CITY-ST-ZIP FT WALTON BEACH FL 32548	3.4 CITY-ST-ZIP	
		4.1 TITLE	Change Addition
		4.2 NAME	
		4.3 STREET ADDRESS 80 West Lucerne Circle	Change Addition
		4.4 CITY-ST-ZIP Orlando, FL 32801	
		5.1 TITLE	Change Addition
		5.2 NAME	
		5.3 STREET ADDRESS 80 West Lucerne Circle	Change Addition
		5.4 CITY-ST-ZIP	
		6.1 TITLE	Change Addition
		6.2 NAME	
		6.3 STREET ADDRESS 80 West Lucerne Circle	Change Addition
		6.4 CITY-ST-ZIP Orlando, FL 32801	

14. 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: [Signature] SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR 4/19/99 Date 407-839-5050 Daytime Phone #

0016288
CR2037-11/99