
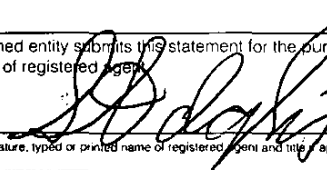
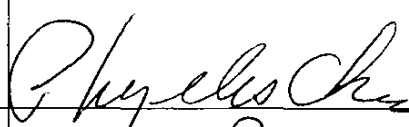
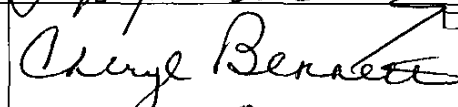
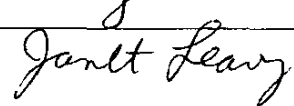
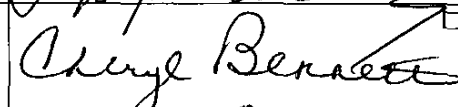
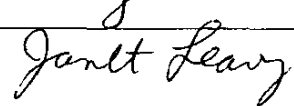
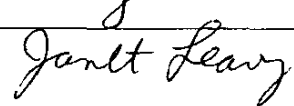
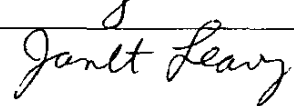
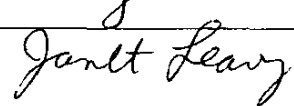
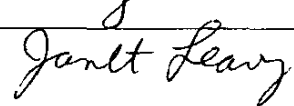






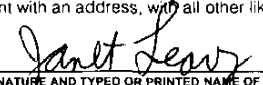


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 29, 2007 8:00 am
Secretary of State

01-29-2007 90061 036 ****61.25

| | | | | | |
|--|---------------------------------|--|--|--|--|
| DOCUMENT # 770108 1. Entity Name GEORGIAN PARK COMMUNITY SERVICES CORPORATION | | | |  | |
| Principal Place of Business 1930 COMMERCE LANE SUITE 1 JUPITER, FL 33458 US | | | Mailing Address C/O BRISTOL MGMT SERVICES, INC 1930 COMMERCE LANE, STE. #1 JUPITER, FL 33458 US | | |
| 2. Principal Place of Business - No P.O. Box # | | 3. Mailing Address | | | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | | | |
| City & State | | City & State | | | |
| Zip | Country | Zip | Country | 4. FEI Number 59-2384788 | |
| 5. Certificate of Status Desired <input type="checkbox"/> | | | | \$8.75 Additional Fee Required | |
| 6. Name and Address of Current Registered Agent | | | 7. Name and Address of New Registered Agent | | |
| INGLIS, STEVE 1930 COMMERCE LANE SUITE 1 JUPITER, FL 33458 | | | Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div> | | |
| 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  <small>Signature, typed or printed name of registered agent and title, if applicable.</small> | | | DATE 1-25-2007 <small>(NOTE: Registered Agent signature required when reinstating)</small> | | |
| Filing Fee is \$61.25 Due by May 1, 2007 | | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> | | \$5.00 May Be Added to Fees | |
| 10. OFFICERS AND DIRECTORS | | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 | | |
| TITLE | VD | <input type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| NAME | CHOY, PHYLLIS | | NAME |  | |
| STREET ADDRESS | 107 WATER BRIDGE LANE | | STREET ADDRESS |  | |
| CITY-ST-ZIP | JUPITER, FL 33458 | | CITY-ST-ZIP |  | |
| TITLE | SD | <input type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| NAME | BENNETT, CHERYL | | NAME |  | |
| STREET ADDRESS | 114 OLD ENGLISH DR | | STREET ADDRESS |  | |
| CITY-ST-ZIP | JUPITER, FL 33458 | | CITY-ST-ZIP |  | |
| TITLE | PD | <input type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| NAME | LEAVY, JANET | | NAME |  | |
| STREET ADDRESS | 114 GEORGIAN PARK DR. | | STREET ADDRESS |  | |
| CITY-ST-ZIP | JUPITER, FL 33458 | | CITY-ST-ZIP |  | |
| TITLE | D | <input checked="" type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| NAME | HECK, SANDRA | | NAME |  | |
| STREET ADDRESS | 767 LENDR | | STREET ADDRESS |  | |
| CITY-ST-ZIP | NORTH PALM BEACH, FL 33408 | | CITY-ST-ZIP |  | |
| TITLE | <input type="checkbox"/> Delete | | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| NAME | Jane Bormuth | | NAME |  | |
| STREET ADDRESS | 3773 Florida Blvd. | | STREET ADDRESS |  | |
| CITY-ST-ZIP | Plm. Bch. Gnds, FL 33410 | | CITY-ST-ZIP |  | |
| TITLE | <input type="checkbox"/> Delete | | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| NAME | | | NAME | | |
| STREET ADDRESS | | | STREET ADDRESS | | |
| CITY-ST-ZIP | | | CITY-ST-ZIP | | |
| 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:  | | | SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR | | |
| | | | Date _____ Daytime Phone # _____ | | |