

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 30, 2008 08:00 AM
Secretary of State

DOCUMENT # N04000003136

1. Entity Name
GEORGIA STREET CONDOMINIUM ASSOCIATION, INC.



Principal Place of Business

1119 GEORGIA STREET
#2
KEY WEST, FL 33040

Mailing Address

1119 GEORGIA STREET
#2
KEY WEST, FL 33040



04252008 No Chg-NP

CR2E037 (4/06)

4. FEI Number
03-0553416

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

DEVERS, ELENA
1119 GEORGIA STREET
#2
KEY WEST, FL 33040

DO NOT WRITE
IN THIS SPACE

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

Filing Fee is \$81.25
Due by May 1, 2008

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

U00000937995
05/27/08-80072-013 61.25

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
GEHIN, MICHELLE
1119 GEORGIA STREET
KEY WEST, FL 33040

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
RITTER, PATRICK
1119 GEORGIA STREET
KEY WEST, FL 33040

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
O'FARRELL, SAMANTHA
1119 GEORGIA STREET
KEY WEST, FL 33040

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

DO NOT WRITE
IN THIS SPACE

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

4/25/08

Date

(305) 304-5891

Daytime Phone #