## 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# N04000003136

FILED Apr 14, 2009 Secretary of State

Entity Name: GEORGIA STREET CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business: New Principal Place of Business:

1119 GEORGIA STREET 1119 GEORGIA STREET

2

KEY WEST, FL 33040 KEY WEST, FL 33040 US

Current Mailing Address: New Mailing Address:

1119 GEORGIA STREET 1119 GEORGIA STREET

#2
KEY WEST, FL 33040 KEY WEST, FL 33040 US

FEI Number: 03-0553416 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( )

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

DEVERS, ELENA

1119 GEORGIA STREET

#2

GEHIN, MICHEL J DR

1119 GEORGIA STREET

#3

#2 KEY WEST, FL 33040 US KEY WEST, FL 33040 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: MICHEL GEHIN 04/14/2009

Electronic Signature of Registered Agent Date

## **OFFICERS AND DIRECTORS:**

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

tle: D ( ) Delete Title: DR (X) Change ( ) Addition

 Name:
 GEHIN, MICHELLE
 Name:
 GEHIN, MICHEL J DR

 Address:
 1119 GEORGIA STREET
 Address:
 1119 GEORGIA STREET #3

 City-St-Zip:
 KEY WEST, FL 33040
 City-St-Zip:
 KEY WEST, FL 33040 US

Title: D ( ) Delete Title: MRS (X) Change ( ) Addition Name: RITTER, PATRICK Name: O'FARRELL, SAMANTHA

 Address:
 1119 GEORGIA STREET
 Address:
 1119 GEORGIA ST. #1

 City-St-Zip:
 KEY WEST, FL 33040
 City-St-Zip:
 KEY WEST, FL 33040 US

 $\label{eq:title:D} {\sf Title:} \qquad {\sf D} \qquad {\sf (X) \ Delete} \qquad \qquad {\sf Title:} \qquad {\sf (\ ) \ Change \ (\ ) \ Addition}$ 

 Name:
 O'FARRELL, SAMANTHA
 Name:

 Address:
 1119 GEORGIA STREET
 Address:

 City-St-Zip:
 KEY WEST, FL 33040
 City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: MICHEL GEHIN DR 04/14/2009