

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 14, 2007 8:00 am
Secretary of State

02-14-2007 90054 020 ****61.25

DOCUMENT # N05000007721			
1. Entity Name GEORGIAN OAKS HOMEOWNERS ASSOCIATION, INC.			
Principal Place of Business 120 NE 4TH STREET FT LAUDERDALE, FL 33301		Mailing Address 120 NE 4TH STREET FT LAUDERDALE, FL 33301	
2. Principal Place of Business - No P.O. Box # 1212 E. Broward Blvd.		3. Mailing Address 1212 E. Broward Blvd.	
Suite, Apt. #, etc. <u>Suite 300</u>		Suite, Apt. #, etc. <u>Suite 300</u>	
City & State <u>FT. Lauderdale FL</u>		City & State <u>FT. Lauderdale FL</u>	
Zip <u>33301</u> Country <u>Broward</u>		Zip <u>33301</u> Country <u>Broward</u>	
6. Name and Address of Current Registered Agent RICHARDSON, GEXE 120 NE 4TH STREET FT LAUDERDALE, FL 33301		7. Name and Address of New Registered Agent Name _____ Street Address (P.O. Box Number is Not Acceptable) _____ City _____ FL Zip Code _____	
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. (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	
Make check payable to Florida Department of State			
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE _____ NAME GOLDSTROM, STEVE STREET ADDRESS 120 NE 4TH STREET CITY-ST-ZIP FT LAUDERDALE, FL 33301	<input type="checkbox"/> Delete	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 1212 E Broward Blvd. FT. Lauderdale FL 33301	TITLE _____ NAME _____ STREET ADDRESS _____ CITY-ST-ZIP _____
TITLE _____ NAME WRIGHT, GLENN B JR STREET ADDRESS 120 NE 4TH STREET CITY-ST-ZIP FT LAUDERDALE, FL 33301	<input type="checkbox"/> Delete	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 1212 E Broward Blvd. FT. Lauderdale FL 33301	TITLE _____ NAME _____ STREET ADDRESS _____ CITY-ST-ZIP _____
TITLE _____ NAME _____ STREET ADDRESS _____ CITY-ST-ZIP _____	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition	TITLE _____ NAME _____ STREET ADDRESS _____ CITY-ST-ZIP _____
TITLE _____ NAME _____ STREET ADDRESS _____ CITY-ST-ZIP _____	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition	TITLE _____ NAME _____ STREET ADDRESS _____ CITY-ST-ZIP _____
TITLE _____ NAME _____ STREET ADDRESS _____ CITY-ST-ZIP _____	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition	TITLE _____ NAME _____ STREET ADDRESS _____ 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: _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			
<small>Date</small>		<small>Daytime Phone #</small>	

40016907



01082007 Chg-NP CR2E037 (12/06)

4. FEI Number
APPLIED FOR

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required