


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 12, 2008 8:00 am
Secretary of State

02-12-2008 90020 005 ****61.25

DOCUMENT # N15926 1. Entity Name GEORGIANA GROVES PROPERTY OWNERS ASSOCIATION, INC.					
Principal Place of Business 170 WARING WAY MERRITT ISLAND, FL 32952 US			Mailing Address 170 WARING WAY MERRITT ISLAND, FL 32952 US		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc. 4045 Leona Court		Suite, Apt. #, etc. 4045 Leona Ct.			
City & State Merritt Island, FL		City & State Merritt Island, FL			
Zip 32952	Country U.S.	Zip 32952	Country U.S.	4. FEI Number 59-2822318	
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent BARNINI, ROBERT J 170 WARING WAY MERRITT ISLAND, FL 32952			7. Name and Address of New Registered Agent Name <u>Anne L. Barr</u> Street Address (P.O. Box Number is Not Acceptable) <u>4045 Leona Court.</u> City <u>Merritt Island</u> <u>FL</u> Zip Code <u>32952</u>		
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 <u>Anne L. Barr</u>		<u>Anne L. Barr</u>		<u>2-2-08</u>	
Filing Fee is \$61.25 Due by May 1, 2008		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 STREET ADDRESS CITY-ST-ZIP	VD SMITH, MELINDA 4060 LEONA CT MERRITT ISLAND, FL 32952	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD Tom Savage 190 Waring Way Merritt Island, FL 32952
		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD TEDERS, FRAN 180 WARING WAY MERRITT ISLAND, FL 32952	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD Carolyn Mertz 4050 Leona Ct. Merritt Island, FL 32952
		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD NEW, LINDA 150 WARING WAY MERRITT ISLAND, FL 32952	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD Melinda Smith 4060 Leona Ct Merritt Island, FL 32952
		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD BARNINI, ROBERT J 170 WARING WAY MERRITT ISLAND, FL 32952	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD Anne L. Barr 4045 Leona Ct. Merritt Island, FL 32952
		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
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: <u>Anne L. Barr</u> <u>Anne L. Barr</u> <u>2-2-08</u> (321) 452-6964					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					