

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N15926

FILED
Feb 16, 2009
Secretary of State

Entity Name: GEORGIANA GROVES PROPERTY OWNERS ASSOCIATION, INC.

Current Principal Place of Business:

4045 LEONA COURT
MERRITT ISLAND, FL 32952 US

New Principal Place of Business:

Current Mailing Address:

4045 LEONA COURT
MERRITT ISLAND, FL 32952 US

New Mailing Address:

FEI Number: 59-2822318

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BARR, ANNE L
4045 LEONNA COURT
MERRITT ISLAND, FL 32952 US

Name and Address of New Registered Agent:

BARR, ANNE L
4045 LEONA COURT
MERRITT ISLAND, FL 32952 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: ANNE BARR

02/16/2009

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: VD () Delete
Name: SAVAGE, TOM
Address: 190 WARING WAY
City-St-Zip: MERRITT ISLAND, FL 32952

Title: SD () Delete
Name: MERTZ, CAROLYN
Address: 4050 LEONA CT.
City-St-Zip: MERRITT ISLAND, FL 32952

Title: PD () Delete
Name: SMITH, MELINDA
Address: 4060 LEONA CT.
City-St-Zip: MERRITT ISLAND, FL 32952

Title: TD () Delete
Name: BARR, ANNE L
Address: 4045 LEONA CT.
City-St-Zip: MERRITT ISLAND, FL 32952

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: VD (X) Change () Addition
Name: ROPOG, RICHARD
Address: 4040 LEONA CT.
City-St-Zip: MERRITT ISLAND, FL 32952

Title: SD (X) Change () Addition
Name: MERTZ, CAROLYN
Address: 4050 LEONA CT.
City-St-Zip: MERRITT ISLAND, FL 32952

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
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: ANNE BARR

TD

02/16/2009

Electronic Signature of Signing Officer or Director

Date