2018 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 713434

Entity Name: GEORGIA BELLE APARTMENTS, INC.

Current Principal Place of Business:

80 WEST LUCERNE CIRCLE ORLANDO, FL 32801

Current Mailing Address:

80 WEST LUCERNE CIRCLE ORLANDO, FL 32801 US

FEI Number: 59-1300852

Name and Address of Current Registered Agent:

KEITH, HENRY T 80 WEST LUCERNE CIRCLE ORLANDO, FL 32801 US Certificate of Status Desired: Yes

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:

Electronic Signature of Registered Agent

Officer/Director Detail :

Title	PRESIDENT	Title	EXECUTIVE VP/ASST. SECRETARY
Name	BELL, WILLIAM O	Name	STEVENS, ROGER A
Address	80 WEST LUCERNE CIRCLE	Address	80 WEST LUCERNE CIRCLE
City-State-Zip:	ORLANDO FL 32801	City-State-Zip:	ORLANDO FL 32801
Title	SENIOR VP/SECRETARY/TREASURER	Title	DIRECTOR
Name	KEITH, HENRY T	Name	BARNES, JR., TRAVIS S.
Address	80 WEST LUCERNE CIRCLE	Address	80 WEST LUCERNE CIRCLE
City-State-Zip:	ORLANDO FL 32801	City-State-Zip:	ORLANDO FL 32801
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Title	DIRECTOR	Title	DIRECTOR
Title Name	DIRECTOR MORGAN, HOWARD K	Name	SHELLEY, LINDA
Name	MORGAN, HOWARD K	Name	SHELLEY, LINDA 80 WEST LUCERNE CIRCLE
Name Address	MORGAN, HOWARD K 80 WEST LUCERNE CIRCLE	Name Address	SHELLEY, LINDA 80 WEST LUCERNE CIRCLE
Name Address City-State-Zip:	MORGAN, HOWARD K 80 WEST LUCERNE CIRCLE ORLANDO FL 32801	Name Address City-State-Zip:	SHELLEY, LINDA 80 WEST LUCERNE CIRCLE ORLANDO FL 32801
Name Address City-State-Zip: Title	MORGAN, HOWARD K 80 WEST LUCERNE CIRCLE ORLANDO FL 32801 DIRECTOR	Name Address City-State-Zip: Title	SHELLEY, LINDA 80 WEST LUCERNE CIRCLE ORLANDO FL 32801 DIRECTOR
Name Address City-State-Zip: Title Name	MORGAN, HOWARD K 80 WEST LUCERNE CIRCLE ORLANDO FL 32801 DIRECTOR MCCULLY , AL C	Name Address City-State-Zip: Title Name	SHELLEY, LINDA 80 WEST LUCERNE CIRCLE ORLANDO FL 32801 DIRECTOR MILTON V, JOHN 80 WEST LUCERNE CIRCLE

I hereby 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 all other like empowered.

SIGNATURE: ROGER A. STEVENS

EXECUTIVE VP

01/09/2018

Electronic Signature of Signing Officer/Director Detail

Date

FILED Jan 09, 2018 Secretary of State CC1687509402

Date