

**FILE NOW: FILING FEE IS \$61.25**

NONPROFIT CORPORATION ANNUAL REPORT 1996



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # **726266** (0)  
1. Corporation Name  
**GEORGETOWN ASSOCIATION, INC.**



Principal Place of Business: % COMPLETE PROPERTY MGMT., INC. 701 U.S. HWY.1. STE. 101 N.PALM BCH. FL 33408  
Mailing Address: % COMPLETE PROPERTY MGMT., INC. 701 U.S. HWY.1. STE. 101 N.PALM BCH. FL 33408

3. Date Incorporated or Qualified: **04/27/1973**  
3a. Date of Last Report: **03/29/1995**  
4. FEI Number: **59-1594996**  
Applied For:  Not Applicable  
5. Certificate of Status Desired:  \$8.75 Additional Fee Required  
6. Election Campaign Financing Trust Fund Contribution:  \$5.00 May Be Added to Fees  
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes:  Yes  No

2. Principal Place of Business: 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country 25  
2a. Mailing Address: 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country 30

9. Name and Address of Current Registered Agent  
**CROSSEN, JOSEPH F**  
**% COMPLETE PROPERTY MGMT., INC.**  
**701 U.S. #1, STE. #101**  
**NORTHPALM BEACH FL 33408**

10. Name and Address of New Registered Agent  
81 Name  
82 Street Address (P.O. Box Number is Not Acceptable)  
83  
84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE: \_\_\_\_\_ (NOTE: Registered Agent signature required when re-appointing) DATE: \_\_\_\_\_

| 12. OFFICERS AND DIRECTORS |                        |                                 |
|----------------------------|------------------------|---------------------------------|
| TITLE                      | PD                     | <input type="checkbox"/> DELETE |
| NAME                       | LUETJE, WILLIAM        |                                 |
| STREET ADDRESS             | 1630 EMBASSY DR #205   |                                 |
| CITY-ST-ZIP                | W. PALM BEACH FL       |                                 |
| TITLE                      | D                      | <input type="checkbox"/> DELETE |
| NAME                       | GREEN, TANYA           |                                 |
| STREET ADDRESS             | 1630 EMBASSY DR #103   |                                 |
| CITY-ST-ZIP                | W. PALM BEACH FL       |                                 |
| TITLE                      | D                      | <input type="checkbox"/> DELETE |
| NAME                       | MASSINELLO, DELORES    |                                 |
| STREET ADDRESS             | 1630 EMBASSY DR. #109  |                                 |
| CITY-ST-ZIP                | W. PALM BEACH FL       |                                 |
| TITLE                      | SDT                    | <input type="checkbox"/> DELETE |
| NAME                       | SCHOPPMAN, ANN         |                                 |
| STREET ADDRESS             | 1630 EMBASSY DR #202   |                                 |
| CITY-ST-ZIP                | W. PALM BEACH FL       |                                 |
| TITLE                      | D                      | <input type="checkbox"/> DELETE |
| NAME                       | COHEN, JEAN            |                                 |
| STREET ADDRESS             | 1630 EMBASSY DR., #210 |                                 |
| CITY-ST-ZIP                | WEST PALM BEACH FL     |                                 |
| TITLE                      |                        | <input type="checkbox"/> DELETE |
| NAME                       |                        |                                 |
| STREET ADDRESS             |                        |                                 |
| CITY-ST-ZIP                |                        |                                 |

| 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 |   |  |
|---|---|--|
| 1.1 TITLE   | D | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| 1.2 NAME  |   |  |
| 1.3 STREET ADDRESS                                    |   |  |
| 1.4 CITY-ST-ZIP                                       |   |  |
| 2.1 TITLE   |   | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| 2.2 NAME  |   |  |
| 2.3 STREET ADDRESS                                    |   |  |
| 2.4 CITY-ST-ZIP                                       |   |  |
| 3.1 TITLE   | P | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| 3.2 NAME  |   |  |
| 3.3 STREET ADDRESS                                    |   |  |
| 3.4 CITY-ST-ZIP                                       |   |  |
| 4.1 TITLE   |   | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| 4.2 NAME  |   |  |
| 4.3 STREET ADDRESS                                    |   |  |
| 4.4 CITY-ST-ZIP                                       |   |  |
| 5.1 TITLE   |   | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| 5.2 NAME  |   |  |
| 5.3 STREET ADDRESS                                    |   |  |
| 5.4 CITY-ST-ZIP                                       |   |  |
| 6.1 TITLE   |   | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| 6.2 NAME  |   |  |
| 6.3 STREET ADDRESS                                    |   |  |
| 6.4 CITY-ST-ZIP                                       |   |  |

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14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: DeLores Massinello Date: \_\_\_\_\_ Daytime Phone: \_\_\_\_\_  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E037 (12/95)