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Mar 25 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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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 33408-4587
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3. Date Incorporated or Qualified 04/27/1973	3a. Date of Last Report 05/01/1996
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2. Principal Place of Business 21 4239 Northlake Blvd. 22 Suite, Apt. #, etc. D 23 City & State Palm Beach Gardens, FL 24 Zip 33410 25 Country USA	2a. Mailing Address 26 4239 Northlake Blvd. 27 Suite, Apt. #, etc. D 28 City & State Palm Beach Gardens, FL 29 Zip 33410 30 Country USA
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4. FEI Number 59-1594996	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

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

10. Name and Address of New Registered Agent
81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
4239 Northlake Blvd., Ste D
83
84 City Palm Beach Gardens FL 85 Zip Code 33410

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 reinstating) _____ DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE D <input checked="" type="checkbox"/> DELETE	NAME LUETJE, WILLIAM	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS 1630 EMBASSY DR #205	CITY-ST-ZIP W. PALM BEACH FL	1.2 NAME	
TITLE D <input type="checkbox"/> DELETE	NAME GREEN, TANYA	1.3 STREET ADDRESS	
STREET ADDRESS 1630 EMBASSY DR #103	CITY-ST-ZIP W. PALM BEACH FL	1.4 CITY-ST-ZIP	
TITLE P <input type="checkbox"/> DELETE	NAME MASSINELLO, DELORES	2.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS 1630 EMBASSY DR. #109	CITY-ST-ZIP W. PALM BEACH FL	2.2 NAME JANET JOKIC	
TITLE SDT <input type="checkbox"/> DELETE	NAME SCHOPPMAN, ANN	2.3 STREET ADDRESS 1630 Embassy Drive # 301	
STREET ADDRESS 1630 EMBASSY DR #202	CITY-ST-ZIP W. PALM BEACH FL	2.4 CITY-ST-ZIP West Palm Beach, FL 33401	
TITLE D <input checked="" type="checkbox"/> DELETE	NAME COHEN, JEAN	3.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS 1630 EMBASSY DR., #210	CITY-ST-ZIP WEST PALM BEACH FL	3.2 NAME Carolyn Bailey	
TITLE D <input type="checkbox"/> DELETE	NAME	3.3 STREET ADDRESS 1630 Embassy Drive # 310	
STREET ADDRESS	CITY-ST-ZIP	3.4 CITY-ST-ZIP West Palm Beach, FL 33401	
TITLE	NAME	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	CITY-ST-ZIP	4.2 NAME	
TITLE	NAME	4.3 STREET ADDRESS	
STREET ADDRESS	CITY-ST-ZIP	4.4 CITY-ST-ZIP	
TITLE	NAME	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	CITY-ST-ZIP	5.2 NAME	
TITLE	NAME	5.3 STREET ADDRESS	
STREET ADDRESS	CITY-ST-ZIP	5.4 CITY-ST-ZIP	
TITLE	NAME	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	CITY-ST-ZIP	6.2 NAME	
TITLE	NAME	6.3 STREET ADDRESS	
STREET ADDRESS	CITY-ST-ZIP	6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: DeLoris Massinello Pres. 3/16/97
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # 0040699

CR2E037 (9/96)