

FILE NOW: FILING FEE IS \$61.25

FILED

Apr 23 1998 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra S. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
---	---	---

**DOCUMENT # 726266 (0)**

1. Corporation Name  
**GEORGETOWN ASSOCIATION, INC.**

Principal Place of Business <b>4239 NORTHLAKE BLVD. STE D PALM BEACH GARDENS FL 33410 US</b>	Mailing Address <b>4239 NORTHLAKE BLVD. STE D PALM BEACH GARDENS FL 33410 US</b>
---	---

3. Date Incorporated or Qualified <b>04/27/1973</b>	
4. FEI Number <b>59-1594996</b>	Applied For <input type="checkbox"/> Yes <input checked="" type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
8. This corporation owes or has paid the current year intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

2. Principal Place of Business 21 <b>1630 Embassy Drive</b> Suite, Apt. #, etc	2a. Mailing Address 26 <b>C/O. C.A.M.S.</b> Suite, Apt. #, etc
22 <b>West Palm Beach, FL</b> City & State	27 <b>314 N.E. 3rd Street</b> City & State
23 <b>33401</b> Zip	28 <b>Baynton Beach, FL</b> City & State
24 <b>33401</b> Country	29 <b>33435</b> Country
30	

9. Name and Address of Current Registered Agent

**CROSSEN, JOSEPH**  
**4239 NORTHLAKE BLVD.**  
**STE D**  
**PALM BEACH GARDENS FL 33410**

10. Name and Address of New Registered Agent

81 Name <b>ED DICKER</b>
82 Street Address (P.O. Box Number is Not Acceptable) <b>ST. JOHN, DICKER &amp; CAPLAN</b>
83 <b>SUITE 600, 500 AUSTRALIAN AVE. S.</b>
84 City <b>WEST PALM BEACH FL 85</b>
85 Zip Code <b>33401</b>

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: *Edward Dicker of St John, Dicker, & Caplan* **4/16/98**  
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS

TITLE <b>D</b>	<input checked="" type="checkbox"/> DELETE
NAME <b>GREEN, TANYA</b>	
STREET ADDRESS <b>1630 EMBASSY DR #103</b>	
CITY-ST-ZIP <b>W. PALM BEACH FL</b>	
TITLE <b>P</b>	<input type="checkbox"/> DELETE
NAME <b>MASSINELLO, DELORES</b>	
STREET ADDRESS <b>1630 EMBASSY DR. #109</b>	
CITY-ST-ZIP <b>W. PALM BEACH FL</b>	
TITLE <b>SDT</b>	<input type="checkbox"/> DELETE
NAME <b>SCHOPPMAN, ANN</b>	
STREET ADDRESS <b>1630 EMBASSY DR #202</b>	
CITY-ST-ZIP <b>W. PALM BEACH FL</b>	
TITLE <b>D</b>	<input type="checkbox"/> DELETE
NAME <b>JOKIE, JANET</b>	
STREET ADDRESS <b>1630 EMBASSY DRIVE #301</b>	
CITY-ST-ZIP <b>WEST PALM BEACH FL 33401</b>	
TITLE <b>V</b>	<input type="checkbox"/> DELETE
NAME <b>BAILEY, CAROLYN</b>	
STREET ADDRESS <b>1630 EMBASSY DRIVE STE 310</b>	
CITY-ST-ZIP <b>WEST PALM BCH FL 33401</b>	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	<b>Dolores massinello</b>
2.3 STREET ADDRESS	<b>1630 Embassy Dr. #109</b>
2.4 CITY-ST-ZIP	<b>West Palm Beach, FL 33401</b>
3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	<b>Schoppman, Ann</b>
3.3 STREET ADDRESS	<b>1630 Embassy Dr. #202</b>
3.4 CITY-ST-ZIP	<b>West Palm Beach, FL</b>
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	

14. I 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: *Dolores Massinello* - Dolores Massinello, Pres. 4/6/98 (561) 640-3728

CR2E037 (10/97)