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NONPROFIT
 CORPORATION
 ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # 726266

1. Corporation Name
GEORGETOWN ASSOCIATION, INC.

Principal Place of Business
 1630 EMBASSY DRIVE
 WEST PALM BEACH FL 33401
 US

Mailing Address
 C/O C.A.M.S.
 314 NE 3RD STREET
 BOYNTON BEACH FL 33435
 US



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21		26	C/O Jean Foster Mgmt	04/27/1973	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number	
22		27	4930 Luwal Drive	59-1594996	
City & State		City & State		5. Certificate of Status Desired <input type="checkbox"/>	
23		28	West Palm Bch, FL	\$8.75 Additional Fee Required	
Zip		Zip		6. Election Campaign Financing <input type="checkbox"/>	
24		29	33415	Trust Fund Contribution <input type="checkbox"/>	
Country		Country		\$5.00 May Be Added to Fees	
25		30	US		

9. Name and Address of Current Registered Agent
DICKER, ED
ST JOHN, DICKER & CAPLAN
500 S AUSTRALIAN AVE SUITE 600
WEST PALM BEACH FL 33401

10. Name and Address of New Registered Agent

81	Name
82	Street Address (P.O. Box Number is Not Acceptable)
83	
84	City
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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD <input type="checkbox"/> DELETE	1.1 TITLE	VPD <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MASSINELLO, DELORES	1.2 NAME	Gyorgy Szaszvaros
STREET ADDRESS	1630 EMBASSY DR. #109	1.3 STREET ADDRESS	1630 Embassy Dr. #203
CITY-ST-ZIP	WEST PALM BEACH FL 33401	1.4 CITY-ST-ZIP	W.P.B., FL 33401
TITLE	SDT <input type="checkbox"/> DELETE	2.1 TITLE	
NAME	SCHOPPMAN, ANN	2.2 NAME	
STREET ADDRESS	1630 EMBASSY DR #202	2.3 STREET ADDRESS	
CITY-ST-ZIP	WEST PALM BEACH FL 33401	2.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	3.1 TITLE	
NAME	JOKIE, JANET	3.2 NAME	
STREET ADDRESS	1630 EMBASSY DRIVE #301	3.3 STREET ADDRESS	
CITY-ST-ZIP	WEST PALM BEACH FL 33401	3.4 CITY-ST-ZIP	
TITLE	XD <input type="checkbox"/> DELETE	4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BAILEY, CAROLYN	4.2 NAME	
STREET ADDRESS	1630 EMBASSY DRIVE STE 310	4.3 STREET ADDRESS	←
CITY-ST-ZIP	WEST PALM BCH FL 33401	4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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, with all other like empowered.

SIGNATURE: _____ SIGNATURE REQUIRED _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date: 3/29/99 Daytime Phone #: 561-640-3728

CR2E037 (11/98)