

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Feb 09, 2000 8:00 am**  
**Secretary of State**

02-09-2000 90371 001 \*\*\*\*61.25

**DOCUMENT # 726266**

1. Entity Name

**GEORGETOWN ASSOCIATION, INC.**

Principal Place of Business

1630 EMBASSY DRIVE  
 WEST PALM BEACH FL 33401  
 US

Mailing Address

C/O JEAN FOSTER MGMT  
~~4900 LUWAL DRIVE~~  
~~WEST PALM BEACH FL 33415 1399~~  
 US

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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

Suite, Apt. #, etc.

3. Mailing Address

Suite, Apt. #, etc.

1401-F2 S Military Tr.

City & State

City & State

W. P. B., FL

4. FEI Number

59-1594996

Applied For

Not Applicable

Zip

Country

Zip

Country

33415

US

5. Certificate of Status Desired

**\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

DICKER, ED  
 ST JOHN, DICKER & CAPLAN  
 500 S AUSTRALIAN AVE SUITE 600  
 WEST PALM BEACH FL 33401

Name

Street Address (P.O. Box Number is Not Acceptable)

City

**FL**

Zip Code

8. 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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

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

9. Election Campaign Financing Trust Fund Contribution.

**\$5.00** May Be Added to Fees

**Make Check Payable to Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE PD  Delete  
 NAME MASSINELLO, DELORES  
 STREET ADDRESS 1630 EMBASSY DR. #109  
 CITY-ST-ZIP WEST PALM BEACH FL 33401

TITLE  Change  Addit  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE SDT  Delete  
 NAME SCHOPPMAN, ANN  
 STREET ADDRESS 1630 EMBASSY DR #202  
 CITY-ST-ZIP WEST PALM BEACH FL 33401

TITLE  Change  Addit  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE D  Delete  
 NAME JOKIE, JANET  
 STREET ADDRESS 1630 EMBASSY DRIVE #301  
 CITY-ST-ZIP WEST PALM BEACH FL 33401

TITLE  Change  Addit  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE D  Delete  
 NAME BAILEY, CAROLYN  
 STREET ADDRESS 1630 EMBASSY DRIVE STE 310  
 CITY-ST-ZIP WEST PALM BCH FL 33401

TITLE  Change  Addit  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE VPD  Delete  
 NAME SZASZVAROSI, GYORGY  
 STREET ADDRESS 1630 EMBASSY DR #203  
 CITY-ST-ZIP WEST PALM BEACH FL 33401

TITLE  Change  Addit  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Change  Addit  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

12. 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 report or supplemental 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 10 or Block 11 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

*Ann Schoppman, Sec*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/1/00

Date

Daytime Phone #