PLEASEREADALLINSTRUCTIONSBEFORECOMPLETINGTHISFORM FILED

02 JUN 14 PM 2:25

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION REINSTATEMENT

FLORIDADEPARTMENTOFSTATE
Katherine Harris
SecretaryofState
DIVISIONOFCORPORATIONS

DOCUMENT# 726266

1. CorporationName
Georgetown Association, Inc.

300005911463--4
-06/21/02--01077--006
****122.50 ****122.50

2. PrincipalOfficeAddress		3. MailingOfficeAddress	
1630 Embassy Dr.		4239 Northlake Blvd.	
Suite,Apt.#,etc.		Suite,Apt.#,etc. Suite D.	
City&State West Palm Beach		City&State Palm Beach Gardens, FL	
Zip 33401	Country USA	Zip 33410	Country USA

4. DateIncorporatedorQualified ToDoBusinessinFlorida 4/27/73

5. FEINumber 59-1594996 AppliedFor / NotApplicable

6. CERTIFICATE OF STATUS DESIRED ☐ $8.75 Additional Fee required for a Certificate of Status

7. **Name and Address of Current Registered Agent**

Name Joseph F. Crossen, Pres. Complete Property Mgmt, Inc.

StreetAddress(P.O.BoNumbersisNotAcceptable) 4239 Northlake Blvd.

Suite,Apt.#,Etc. Suite D.

City Palm Beach Gardens State **FL** ZipCode 33410

8. I,beingappointedteregisteredagentofteaboenamedcorporation,amfamiliaritandacceptteobligationsofsection 0.0505or1.050,F.S.

Signatureof RegisteredAgent x [signature] Date 4/22/02

REGISTEREDAGENTMUSTSIGN

CR2E081(9/01)

9. NamesandStreetAddressesofEacOfficerand/orDirector(Floridanonprofitcorporationsmustlistatleastdirectors)

Titles	Nameof Officers and/or Directors	StreetAddressofEac Officer and/or Director	City/State/Zip
Pres/D	Connie Luetje	1630 Embassy Dr. Unit 205	West Palm Beach, FL 33401
Dir	Carolyn Bailey	1630 Embassy Dr. Unit 310	West Palm Beach, FL 33401
Dir	Marion Maxwell	1630 Embassy Dr. Unit 110	West Palm Beach, FL 33401
Dir	Lynn Brown ~~Gyorgy Szaszvarosi~~	1630 Embassy Dr. Unit ~~203~~ 309	West Palm Beach, FL 33401
			112.50 - AR
			10.00 - ARARTS

10. Icertifytatlamanofficerordirectororterecei erortrusteeempoeredtoeecutetisapplicationasproidedforincapter0or1,F.S.Ifurtercertifytatenfiling tisreinstatementapplication,tereasonfordissolutionasbeeneliminated,tecorporatenamesatisfiestereuiremetsof section0.001or1.001,F.S.,tatallfees oedbytecorporationaebeenpaidandtenamesofindiidualslistedontisformdonotualifyforaneemptionunders ection119.0()(i), F.S. Teinformationindicated ontisapplicationistrueandaccurate,andmysignaturesallaetesamelegaleffectasifmadeunderoat.

SIGNATURE: [signature] Connie Luetje, Pres. 4/22/02 561-626-2778

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date DaytimePone#

JL 6/15/02