2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 13, 2005 8:00 am
Secretary of State

04-13-2005 90038 044 ****61.25

DOCUMENT# 726266

1. EntityName
GEORGETOWN ASSOCIATION, INC.

PrincipalPlaceofBusiness
1630EMBASSYDRIVE
WESTPALMBEACH,FL33401US

MailingAddress
4239NORTHLAKEBLVD
SUITED
PALMBEACHGARDENS,FL33410US

20031407

03282005 NoChg-NP CR2E037 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEINumber
59-1594996

AppliedFor
NotApplicable

5. CertificateofStatusDesired ☐ **$8.75** Additional FeeRequired

6. NameandAddressofCurrentRegisteredAgent

JOSEPH F CROSSEN C/O COMPLETE PROPERTY MGT
4239 NORTHLAKE BLVD
SUITE D
PALM BEACH GARDENS, FL 33410

DO NOT WRITE IN THIS SPACE

8. Theabovenamedentitysubmitsthisstatementforthepurposeofchangingitsregisteredofficeorregisteredagent,orboth,intheStateofFlorida.Iamfamiliarwith,andaccept theobligationsofregisteredagent.

SIGNATURE _____
Signature,typedorprintednameofregisteredagentandtitleifapplicable. (NOTE:RegisteredAgentsignaturerequiredwhenre instating) DATE

Filing Fee is $61.25
Due by May 1, 2005

9. ElectionCampaignFinancing TrustFundContribution. ☐ **$5.00** MayBe AddedtoFees

10. OFFICERSANDDIRECTORS

TITLE	DT
NAME	LUETJE, CONNIE
STREETADDRESS	1630 EMBASSY DR, UNIT 205
CITY-ST-ZIP	WEST PALM BEACH, FL 33401
TITLE	DS
NAME	BAILEY, CAROLYN
STREETADDRESS	1630 EMBASSY DR UNIT 310
CITY-ST-ZIP	WEST PALM BEACH, FL 33401
TITLE	DVP
NAME	MAXWELL, MARION
STREETADDRESS	1630 EMBASSY DR UNIT 110
CITY-ST-ZIP	WEST PALM BEACH, FL 33401
TITLE	DP
NAME	BROWN, LYNN
STREETADDRESS	1630 EMBASSY DR UNIT 309
CITY-ST-ZIP	WEST PALM BEACHE, FL 33401
TITLE	D
NAME	Donegan, Edward
STREETADDRESS	1630 Embassy Dr., #307
CITY-ST-ZIP	West Palm Beach, FL 33401
TITLE	
NAME	
STREETADDRESS	
CITY-ST-ZIP	

addition

DO NOT WRITE IN THIS SPACE

12. Iherebycertifythattheinformationsuppliedwiththisfilingdoesnotqualifyfortheexemptionstatedin Section119.07(3)(i),FloridaStatutes.Ifurthercertifythattheinformation indicatedonthisreportorsupplementalreportistrueandaccurateandthatmysignatureshallhavethesamelegaleffectasifmadeunderoath;thatIamanofficerordirector ofthecorporationorthereceiverortrusteeempowered toexecutethisreportasrequiredbyChapter617,FloridaStatutes;an dthatmynameappearsinBlock 10orBlock 11if changed,oronanattachmentwith anaddress,withallotherlikeempowered.

SIGNATURE: Lynn Brown 4/6/05
(SIGNATUREANDTYPEDORPRINTEDNAMEOFSIGNINGOFFICERORDIRECTOR Date DaytimePhone#