


**2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 16, 2007 8:00 am**  
**Secretary of State**


04-16-2007 90053 013 \*\*\*\*61.25

DOCUMENT # 726266 1. Entity Name GEORGETOWN ASSOCIATION, INC.	
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Principal Place of Business 1630 EMBASSY DRIVE WEST PALM BEACH, FL 33401 US	Mailing Address 3307 NORTHLAKE BLVD SUITE 107 PALM BEACH GARDENS, FL 33403 US
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**DO NOT WRITE IN THIS SPACE**

4000111



03272007 No Chg-NP CR2E037 (4/06)

4. FEI Number 59-1594996	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent

JOSEPH F CROSSEN C/O COMPLETE PROPERTY MGT  
 3307 NORTHLAKE BLVD  
 SUITE 107  
 PALM BEACH GARDENS, FL 33403

**DO NOT WRITE IN THIS SPACE**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**Filing Fee is \$61.25**  
**Due by May 1, 2007**

9. Election Campaign Financing Trust Fund Contribution.  **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	DT LUETJE, CONNIE 1630 EMBASSY DR, UNIT 205 WEST PALM BEACH, FL 33401
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS BAILEY, CAROLYN 1630 EMBASSY DR UNIT 310 WEST PALM BEACH, FL 33401
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVP MAXWELL, MARION 1630 EMBASSY DR UNIT 110 WEST PALM BEACH, FL 33401
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP BROWN, LYNN 1630 EMBASSY DR UNIT 309 WEST PALM BEACHE, FL 33401
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DONEGAN, EDWARD 1630 EMBASSY DR #307 WEST PALM BEACH, FL 33401
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Lynn Brown* **4/16/07** 561-596-2577  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #