


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 07, 2008 8:00 am
Secretary of State

05-07-2008 90115 009 ****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 3307 NORTHLAKE BLVD SUITE 107 PALM BEACH GARDENS, FL 33403 US		
2. Principal Place of Business - No P.O. Box #			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip			Zip		
Country			Country		
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
JOSEPH F CROSSEN C/O COMPLETE PROPERTY MGT 3307 NORTHLAKE BLVD SUITE 107 PALM BEACH GARDENS, FL 33403				Name	
				Street Address (P.O. Box Number is Not Acceptable)	
				City	
				State: 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. 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, 2008		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
		\$5.00 May Be Added to Fees		Make check payable to Florida Department of State	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	DT	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	LUETJE, CONNIE		NAME	ANNA Schoppmann	
STREET ADDRESS	1630 EMBASSY DR, UNIT 205		STREET ADDRESS	1630 Embassy Dr. #202	
CITY-ST-ZIP	WEST PALM BEACH, FL 33401		CITY-ST-ZIP	West Palm Beach, FL 33401	
TITLE	DS	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	BAILEY, CAROLYN		NAME	Arcira Guelfand	
STREET ADDRESS	1630 EMBASSY DR UNIT 310		STREET ADDRESS	1630 Embassy Drive #210	
CITY-ST-ZIP	WEST PALM BEACH, FL 33401		CITY-ST-ZIP	West Palm Beach, FL 33401	
TITLE	DVP	<input checked="" type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MAXWELL, MARION		NAME	Treasurer Luetteje	
STREET ADDRESS	1630 EMBASSY DR UNIT 110		STREET ADDRESS	1630 Embassy Dr. #205	
CITY-ST-ZIP	WEST PALM BEACH, FL 33401		CITY-ST-ZIP	WEST PALM BEACH, FL 33401	
TITLE	DP	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BROWN, LYNN		NAME		
STREET ADDRESS	1630 EMBASSY DR UNIT 309		STREET ADDRESS		
CITY-ST-ZIP	WEST PALM BEACH, FL 33401		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DONEGAN, EDWARD		NAME		
STREET ADDRESS	1630 EMBASSY DR #307		STREET ADDRESS		
CITY-ST-ZIP	WEST PALM BEACH, FL 33401		CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
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: <u>Lynn Brown</u>			Date: <u>4/17/08</u>		Daytime Phone #: <u>561-626-2728</u>
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					