

**2021 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N06000001364

**Entity Name:** GEORGETOWN COMMUNITY ASSOCIATION, INC.

**FILED**  
**Mar 05, 2021**  
**Secretary of State**  
**5921948105CC**

**Current Principal Place of Business:**

C/O ASSOCIATION SERVICES OF FLORIDA  
10112 USA TODAY WAY  
MIRAMAR, FL 33025

**Current Mailing Address:**

C/O ASSOCIATION SERVICES OF FLORIDA  
10112 USA TODAY WAY  
MIRAMAR, FL 33025 US

**FEI Number: 20-4372443**

**Certificate of Status Desired: No**

**Name and Address of Current Registered Agent:**

STRALEY & OTTO  
2699 STIRLING RD  
FORT LAUDERDALE , FL 33312 US

*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: CHARLES OTTO**

**03/05/2021**

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title            PRESIDENT  
Name            BRAE, NOREEN D  
Address        10112 USA TODAY WAY  
City-State-Zip: MIRAMAR FL 33025

Title            TREASURER  
Name            JONES , WINIFRED V  
Address        10112 USA TODAY WAY  
City-State-Zip: MIRAMAR FL 33025

Title            SECRETARY  
Name            MCGHIE, BEVERLEY  
Address        10112 USA TODAY WAY  
City-State-Zip: MIRAMAR FL 33025

Title            VP  
Name            BRITTON, CANDICE  
Address        C/O ASSOCIATION SERVICES OF  
                  FLORIDA  
                  10112 USA TODAY WAY  
City-State-Zip: MIRAMAR FL 33025

Title            DIRECTOR  
Name            TURNQUEST, TAKEYSHA  
Address        C/O ASSOCIATION SERVICES OF  
                  FLORIDA  
                  10112 USA TODAY WAY  
City-State-Zip: MIRAMAR FL 33025

*I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.*

**SIGNATURE: NOREEN D. BRAE**

**PRESIDENT**

**03/05/2021**

Electronic Signature of Signing Officer/Director Detail

Date