

**SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.**  
**AMOUNT DUE ON OR BEFORE 8/7/96: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25.)**

**NONPROFIT CORPORATION ANNUAL REPORT 1996**



FLORIDA DEPARTMENT OF STATE  
 Sandra B. Mortham  
 Secretary of State  
 DIVISION OF CORPORATIONS

**DOCUMENT # 703561 (1)**  
 1. Corporation Name  
**GEORGE TOWN OWNERS ASSOCIATION, INC.**



Principal Place of Business: ~~10 GEORGE TOWN~~ FORT MYERS FL 33919  
 Mailing Address: 10 GEORGE TOWN FORT MYERS FL 33919

3. Date Incorporated or Qualified: 02/05/1962  
 3a. Date of Last Report: 03/22/1995

2. Principal Place of Business		2a. Mailing Address		4. FEI Number		Applied For	
21		26		59-2355675		Not Applicable	
22 Suite, Apt. #, etc. 8 George town		27 Suite, Apt. #, etc. 8 George town		5. Certificate of Status Desired		<input type="checkbox"/> \$8.75 Additional Fee Required	
23 City & State Fort Myers FL		28 City & State Fort Myers FL		6. Election Campaign Financing Trust Fund Contribution		<input type="checkbox"/> \$5.00 May Be Added to Fees	
24 Zip 33919		25 Country USA		29 Zip 33919		30 Country USA	
9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			

HUSSEY, JERRY  
 10 GEORGE TOWN  
 FT. MYERS FL 33919

81 Name  
 82 Street Address (P.O. Box Number is Not Acceptable)  
 83  
 84 City FL 85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D ENGVALSON, KINLEY 31 GEORGE TOWN FT MYERS FL	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		1.2 NAME	
STREET ADDRESS		1.3 STREET ADDRESS	
CITY - ST - ZIP		1.4 CITY - ST - ZIP	
TITLE	VD CONGER, J. W 20 GEORGE TOWN FT MYERS FL	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		2.2 NAME	
STREET ADDRESS		2.3 STREET ADDRESS	
CITY - ST - ZIP		2.4 CITY - ST - ZIP	
TITLE	TD HUSSEY, JERRY 10 GEORGE TOWN FT MYERS FL	3.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		3.2 NAME	Michael Hornbosch
STREET ADDRESS		3.3 STREET ADDRESS	8 George Town
CITY - ST - ZIP		3.4 CITY - ST - ZIP	FL, MYERS, FL 33919
TITLE	P GADD, JOHN 22 GEORGE TOWN FT MYERS FL	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	John Orr
STREET ADDRESS		4.3 STREET ADDRESS	21 George Town
CITY - ST - ZIP		4.4 CITY - ST - ZIP	Fort Myers, FL 33919
TITLE	S PROSEN, PEGGY 17 GEORGE TOWN FT MYERS FL	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY - ST - ZIP		5.4 CITY - ST - ZIP	
TITLE	D TAYLOR, JOHN 12 GEORGE TOWN FT. MYERS FL	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	Mark Kanavos
STREET ADDRESS		6.3 STREET ADDRESS	19 George Town
CITY - ST - ZIP		6.4 CITY - ST - ZIP	Fort Myers, FL 33919

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*Michael A. Hornbosch* 7-26-96 941-275-3888  
 Date Daytime Phone #

CR2E037 (3/96)