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Mar 19 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998



FLORIDA DEPARTMENT OF STATE
Bandra B. Morthart
Secretary of State
DIVISION OF CORPORATIONS

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



Principal Place of Business: 8 GEORGE TOWN FORT MYERS FL 33919 US
Mailing Address: 8 GEORGE TOWN FORT MYERS FL 33919 US

3. Date incorporated or Qualified: 02/05/1962
4. FEI Number: 59-2355675
Applied For: Not Applicable

2. Principal Place of Business: 21 10 George Town, Suite, Apt. #, etc.
22 City & State: Ft Myers, FLA
23 Zip: 33919, Country: U.S.A.
2a. Mailing Address: 26 10 George Town, Suite, Apt. #, etc.
27 City & State: Ft Myers, FLA
28 Zip: 33919, Country: U.S.A.

5. Certificate of Status Desired: \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution: \$5.00 May Be Added to Fees
7. Is this nonprofit corporation a homeowners association? Yes No
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes No

9. Name and Address of Current Registered Agent
HORWBECK, MICHAEL A
8 GEORGE TOWN
FT. MYERS FL 33919

10. Name and Address of New Registered Agent
81 Name: Jerry D. Hussey
82 Street Address (P.O. Box Number is Not Acceptable): 10 GEORGE TOWN
83 City: FT MYERS, FLA
84 City: FT MYERS, FLA
85 Zip Code: 33919

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: Jerry D. Hussey (NOTE: Registered Agent signature required when reinstating)
DATE: 2/26/98

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE: D NAME: ENGVALSON, KINLEY STREET ADDRESS: 31 GEORGE TOWN CITY-ST-ZIP: FT MYERS FL	<input checked="" type="checkbox"/> DELETE	1.1 TITLE: V.P. 1.2 NAME: ENGVALSON, KINLEY 1.3 STREET ADDRESS: 31 GEORGE TOWN 1.4 CITY-ST-ZIP: FT MYERS, FLA - 33919	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: VD NAME: CONGER, J. W STREET ADDRESS: 20 GEORGE TOWN CITY-ST-ZIP: FT MYERS FL	<input type="checkbox"/> DELETE	2.1 TITLE: DIRECTOR 2.2 NAME: CONGER, J.W. 2.3 STREET ADDRESS: 20 GEORGE TOWN 2.4 CITY-ST-ZIP: FT MYERS, FLA - 33919	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: TD NAME: HORNBECK, MICHAEL STREET ADDRESS: 8 GEORGE TOWN CITY-ST-ZIP: FT MYERS FL	<input checked="" type="checkbox"/> DELETE	3.1 TITLE: TREASURER 3.2 NAME: Jerry D. Hussey 3.3 STREET ADDRESS: 10 GEORGE TOWN 3.4 CITY-ST-ZIP: FT MYERS, FLA - 33919	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: P NAME: ORR, JAMES STREET ADDRESS: 21 GEORGE TOWN CITY-ST-ZIP: FT MYERS FL	<input type="checkbox"/> DELETE	4.1 TITLE: PRESIDENT 4.2 NAME: JAMES, ORR 4.3 STREET ADDRESS: 21 GEORGE TOWN 4.4 CITY-ST-ZIP: FT MYERS, FLA - 33919	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: S NAME: PROSSEN, PEGGY STREET ADDRESS: 17 GEORGE TOWN CITY-ST-ZIP: FT MYERS FL	<input type="checkbox"/> DELETE	5.1 TITLE: SECRETARY 5.2 NAME: PROSSEN, PEGGY 5.3 STREET ADDRESS: 17 GEORGE TOWN 5.4 CITY-ST-ZIP: FT MYERS, FLA - 33919	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: D NAME: KANAVOS, MARK STREET ADDRESS: 19 GEORGE TOWN CITY-ST-ZIP: FT. MYERS FL	<input checked="" type="checkbox"/> DELETE	6.1 TITLE: DIRECTOR 6.2 NAME: MATHESON ROBERT 6.3 STREET ADDRESS: 10140 McGRUBER BLVD 6.4 CITY-ST-ZIP: FT MYERS, FLA - 33919	<input type="checkbox"/> Change <input type="checkbox"/> Addition

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: Jerry D. Hussey 2/26/98 941-936-2070

CR2E037 (10/97)