NONPROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State
DIVISION OF CORPORATIONS

1999 DOCUMENT # 703561

1. Corporation Name

GEORGE TOWN OWNERS ASSOCIATION, INC.

	•
Principal Place of Business	
10 GEORGE TOWN	
FORT MYERS FL 33919	
US	

2. Principal Place of Business

Suite, Apt. #, etc.

Mailing Address

10 GEORGE TOWN FORT MYERS FL 33919

2a. Mailing Address

Suite, Apt #, etc

US

26

27



03-17-1999 90131 019 ****61.25



Applied For

Not Applicable

Date Incorporated or Qualifed

02/05/1962

59-2355675

4. FEI Number

City & State		City & State			5. Certificate of Status Desired Fee Required		
23		28				Fee Re	equirea
Zip	Country	Zip	Countr	у	Election Campaign Financing	11	May Be
24	25	29	30		Trust Fund Contribution	Added	to Fees
	9. Name and Address of Current I	Registered Agent			10. Name and Address of New F	Registered Agent	
			8.	1 Name			
HUSSEY,	JERRY		8:	2 Street Ad	dress (P.O. Box Number is Not Accepte	able)	
10 GEORGE TOWN							
	RS FL 33919		8:	3			
11.10.12.			84	4 City		85 Zio	Code
				'		FL	
11. Pursuant	to the provisions of Sections 617.0502	and 617.1508, Florida Statute	es, the abo	ve-named co	rporation submits this statement for the	purpose of changing its	s registered
office or r	registered agent, or both, in the State of imfamiliar with, and accept the obligation	Florida, Such change was au	Jthorized b	y the corpora	ation's board of directors. I hereby acce	prine appointment as re	zyrotereu
•	and decept and designation	Lyssey	/\	نده		3/17/99	
SIGNATURE	Signature, yped or printed name of registered agent a	nd title if applicable NOTE.	G	_	ured when reinstating)	DATE	
12.	OFFICERS AND		13.		ADDITIONS/CHANGES TO OF		
TITLE	VP	☐ DELETE	1,1 TITLE			☐ Change	Addition
NAME	ENGVALSON, KINLEY		1 2 NAME				
STREET ADDRESS	31 GEORGE TOWN	13		ET ADDRESS			
CITY-ST-ZIP			1.4 CITY-				
TITLE	D	≥ DELETE	2 1 TITLE		EDWARD LENICK	Change	Addition
NAME	CONGER, J. W		2 2 NAME		DIRECTOR		
STREET ADDRESS	20 GEORGE TOWN		2 3 STRE	ET ADDRESS	7 George Town		
CITY-ST-ZIP	FT MYERS FL		2 4 CITY	-ST-ZIP	FTMYENG, FLA.	33414	
TITLE	T	☐ DELETE	3 1 TITLE			Change	noitibt A
NAME	HUSSEY, JERRY		3 2 NAME	:			
STREET ADDRESS	40 OFODOF TOWN		3.3 STRE	ET ADDRESS			
CITY-ST-ZIP	FT MYERS FL 33919		34 CITY	-ST-ZIP			<u></u>
TITLE	Р	☐ DELETE	4 : TITLE			Change	Addition
NAME	ORR, JAMES		4 2 NAM	Ε			
STREET ADDRESS	21 GEORGE TOWN		4 3 STRE	ET ADDRESS			
CITY-ST-ZIP	FT MYERS FL		4.4 CITY-	ST-ZIP			
TITLE	S	□ DELETE	5 1 TITLE			☐ Change	□ Addition
NAME	PROSSEN, PEGGY		5.2 NAME	.			
STREET ADDRESS	AT OCODOR TOWN		53 STRE	ET ADDRESS			
CITY-ST-ZIP	FT MYERS FL 33919		54 CITY-	ST-ZIP			
TITLE	D	☐ DELETE	6 1 TITLE			Change	Addition
NAME	MATHESON, ROBERT		6.2 NAME	:			
STREET ADDRESS	LACTOR MODERNOOD DILLED		6.3 STRE	ET ADDRESS			
CITY ST 7ID	FT MYERS EL 33010		64 CITY-	ST-ZIP			

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 ap affachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED ON PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

uar 3/15/94

941-936-2070

Daytime Phone #

CR2E03/ (11/98