


**2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Mar 03, 2005 8:00 am**  
**Secretary of State**

03-03-2005 90179 040 \*\*\*\*61.25

DOCUMENT # 703561					
1. Entity Name GEORGE TOWN OWNERS ASSOCIATION, INC.					
Principal Place of Business 10250 MCGREGOR BLVD FORT MYERS, FL 33919 US		Mailing Address 10250 MCGREGOR BLVD FORT MYERS, FL 33919 US		02282005 Chg-NP CR2E037 (10/03)	
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 59-2355675	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent			
APGAR, JANE 10250 MCGREGOR BLVD FT. MYERS, FL 33919		Name Street Address (P.O. Box Number is Not Acceptable) City 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: JANE S APGAR		Jane S Apgar		2/28/05	
Filing Fee is \$61.25 Due by May 1, 2005		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$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	P	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	FARNSWORTH, BOB		NAME		
STREET ADDRESS	10160 MCGREGOR BLVD		STREET ADDRESS		
CITY-ST-ZIP	FT MYERS, FL 33919		CITY-ST-ZIP		
TITLE	VP	<input checked="" type="checkbox"/> Delete	TITLE	VP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KEENE, TIM		NAME	SCOTT MORAN	
STREET ADDRESS	10 GEORGE TOWN		STREET ADDRESS	10190 MCGregor Blvd.	
CITY-ST-ZIP	FORT MYERS, FL 33919		CITY-ST-ZIP	Ft Myers, FL 33919	
TITLE	T	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	APGAR, JANE		NAME		
STREET ADDRESS	10250 MCGREGOR BLVD		STREET ADDRESS		
CITY-ST-ZIP	FT MYERS, FL 33919		CITY-ST-ZIP		
TITLE	S	<input checked="" type="checkbox"/> Delete	TITLE	S	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	VANPOELVOORDE, MARY ANN		NAME	JENNIFER FUGATT	
STREET ADDRESS	10230 MCGRWGOR BLVD		STREET ADDRESS	34 George Town	
CITY-ST-ZIP	FT MYERS, FL 33919		CITY-ST-ZIP	Ft Myers, FL 33919	
TITLE	D	<input checked="" type="checkbox"/> Delete	TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MORAN, SCOTT		NAME	TRISH ENGVALSON	
STREET ADDRESS	10190 MCGREGOR BLVD		STREET ADDRESS	39 George Town	
CITY-ST-ZIP	FT MYERS, FL 33919		CITY-ST-ZIP	Ft Myers, FL 33919	
TITLE	D	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DALY, ROB		NAME		
STREET ADDRESS	10280 MCGREGOR BLVD		STREET ADDRESS		
CITY-ST-ZIP	FORT MYERS, FL 33919		CITY-ST-ZIP		
12. 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 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: JANE S. APGAR		2/28/05		239-936-6741	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date		Daytime Phone #	

Title Name D Kinley Engvalson  
 Street 39 George Town

Delete

D Carrie Keohane  
 8 George Town