


**2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Feb 22, 2007 8:00 am**  
**Secretary of State**

02-22-2007 90001 021 \*\*\*\*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

2. Principal Place of Business - No P.O. Box #  
 31 George Town

3. Mailing Address  
 31 George Town


Suite, Apt. #, etc.

City & State  
 Fort Myers, FL

City & State  
 Fort Myers, FL

Zip  
 33919

Country  
 USA



02192007 Chg-NP CR2E037 (12/06)

4. FEI Number  
 59-2355675

Applied For  
 Not Applicable

5. Certificate of Status Desired  \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

APGAR, JANE  
 10250 MCGREGOR BLVD  
 FT. MYERS, FL 33919

7. Name and Address of New Registered Agent

Name  
 Phillips, Steven

Street Address (P.O. Box Number is Not Acceptable)  
 31 George Town

City  
 Fort Myers FL Zip Code  
 33919

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 Steven Phillips [Signature] 2/19/07

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

**Filing Fee is \$61.25 Due by May 1, 2007**

9. Election Campaign Financing Trust Fund Contribution.  \$5.00 May Be Added to Fees

**Make check payable to Florida Department of State**

10. OFFICERS AND DIRECTORS

|                |                      |  |
|----------------|----------------------|--|
| TITLE          | P                    | <input type="checkbox"/> Delete            |
| NAME           | FARNSWORTH, BOB      |  |
| STREET ADDRESS | 10160 MCGREGOR BLVD  |  |
| CITY-ST-ZIP    | FT MYERS, FL 33919   |  |
| TITLE          | VP                   | <input type="checkbox"/> Delete            |
| NAME           | MORAN, SCOTT         |  |
| STREET ADDRESS | 10190 MC GREGOR BLVD |  |
| CITY-ST-ZIP    | FORT MYERS, FL 33919 |  |
| TITLE          | T                    | <input checked="" type="checkbox"/> Delete |
| NAME           | APGAR, JANE          |  |
| STREET ADDRESS | 10250 MCGREGOR BLVD  |  |
| CITY-ST-ZIP    | FT MYERS, FL 33919   |  |
| TITLE          | S                    | <input type="checkbox"/> Delete            |
| NAME           | FUGATT, JENNIFER     |  |
| STREET ADDRESS | 34 GEORGE TOWN       |  |
| CITY-ST-ZIP    | FT MYERS, FL 33919   |  |
| TITLE          | D                    | <input type="checkbox"/> Delete            |
| NAME           | ENGVALSON, TRISH     |  |
| STREET ADDRESS | 39 GEORGE TOWN       |  |
| CITY-ST-ZIP    | FT MYERS, FL 33919   |  |
| TITLE          | D                    | <input type="checkbox"/> Delete            |
| NAME           | DALY, ROB            |  |
| STREET ADDRESS | 10280 MCGREGOR BLVD  |  |
| CITY-ST-ZIP    | FORT MYERS, FL 33919 |  |

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

|                |                     |  |
|----------------|---------------------|--|
| TITLE          | Treasurer           | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME           | Steven Phillips     |  |
| STREET ADDRESS | 31 George Town      |  |
| CITY-ST-ZIP    | Fort Myers FL 33919 |  |
| TITLE          |                     | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| NAME           |                     |  |
| STREET ADDRESS |                     |  |
| CITY-ST-ZIP    |                     |  |
| TITLE          |                     | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| NAME           |                     |  |
| STREET ADDRESS |                     |  |
| CITY-ST-ZIP    |                     |  |
| TITLE          |                     | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| NAME           |                     |  |
| STREET ADDRESS |                     |  |
| CITY-ST-ZIP    |                     |  |

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: [Signature] Steven Phillips 2/17/07 239-822-9261

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #