


**2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**


**FILED**  
**Feb 27, 2008 08:00 AM**  
**Secretary of State**

DOCUMENT # 703561  
 1. Entity Name  
 GEORGE TOWN OWNERS ASSOCIATION, INC.



Principal Place of Business      Mailing Address  
 31 GEORGE TOWN                      31 GEORGE TOWN  
 FORT MYERS, FL 33919 US          FORT MYERS, FL 33919 US

**DO NOT WRITE IN THIS SPACE**



02242008 No Chg-NP      CR2E037 (4/06)

4. FEI Number      Applied For  
 59-2355675      Not Applicable

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

6. Name and Address of Current Registered Agent

OHILIPS, STEVEN  
 31 GEORGE TOWN  
 FT. MYERS, FL 33919

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

**Filing Fee is \$61.25**  
**Due by May 1, 2008**

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

U00000841778  
 03/11/08-80002-005 61.25

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P FARNSWORTH, BOB 10160 MCGREGOR BLVD FT MYERS, FL 33919
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP MORAN, SCOTT 10190 MC GREGOR BLVD FORT MYERS, FL 33919
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T PHILLIPS, STEVEN 31 GEORGE TOWN FT MYERS, FL 33919
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S FUGATT, JENNIFER 34 GEORGE TOWN FT MYERS, FL 33919
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ENGVALSON, TRISH 39 GEORGE TOWN FT MYERS, FL 33919
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DALY, ROB 10280 MCGREGOR BLVD FORT MYERS, FL 33919

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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]*      2/27/08      339-822-9261  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #