

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 726266

FILED  
Apr 14, 2009  
Secretary of State

Entity Name: GEORGETOWN ASSOCIATION, INC.

## Current Principal Place of Business:

1630 EMBASSY DRIVE  
WEST PALM BEACH, FL 33401 US

## New Principal Place of Business:

## Current Mailing Address:

3307 NORTHLAKE BLVD  
SUITE 107  
PALM BEACH GARDENS, FL 33403 US

## New Mailing Address:

COMPLETE PROPERTY MANAGEMENT  
3307 NORTHLAKE BLVD., SUITE 107  
PALM BEACH GARDENS, FL 33403 US

FEI Number: 59-1594996

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

JOSEPH F CROSSEN C/O COMPLETE PROPERTY MGT  
3307 NORTHLAKE BLVD  
SUITE 107  
PALM BEACH GARDENS, FL 33403 US

## Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

## OFFICERS AND DIRECTORS:

Title: DT ( ) Delete  
Name: LUETJE, CONNIE  
Address: 1630 EMBASSY DR, UNIT 205  
City-St-Zip: WEST PALM BEACH, FL 33401

Title: DS ( ) Delete  
Name: BAILEY, CAROLYN  
Address: 1630 EMBASSY DR UNIT 310  
City-St-Zip: WEST PALM BEACH, FL 33401

Title: T ( ) Delete  
Name: LUEFJE, CONCELIA  
Address: 1630 EMBASSY DRIVE #205  
City-St-Zip: WEST PALM BEACH, FL 33401

Title: DP ( ) Delete  
Name: BROWN, LYNN  
Address: 1630 EMBASSY DR UNIT 309  
City-St-Zip: WEST PALM BEACHE, FL 33401

Title: D ( ) Delete  
Name: DONEGAN, EDWARD  
Address: 1630 EMBASSY DR #307  
City-St-Zip: WEST PALM BEACH, FL 33401

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: VPD (X) Change ( ) Addition  
Name: SCHOPPMANN, ANNA  
Address: 1630 EMBASSY DRIVE #202  
City-St-Zip: WEST PALM BEACH, FL 33401

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: D ( ) Change (X) Addition  
Name: GUELFAND, ALCIRA  
Address: 1630 EMBASSY DRIVE # 210  
City-St-Zip: WEST PALM BEACH, FL 33401

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: LYNN BROWN

PRES

04/14/2009

Electronic Signature of Signing Officer or Director

Date