

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 752152

1. Entity Name

GEORGETOWNE PLACE HOMEOWNERS ASSOCIATION, INC.

Principal Place of Business

Mailing Address

P.O. BOX 3611
TEQUESTA FL 33469

P.O. BOX 3611
TEQUESTA FL 33469-1010

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-0256670

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

CORNETT, JANE L ESQ.
401 E. OSCEOLA ST.
STUART FL 34994

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.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW:
FEE IS \$61.25

9. Election Campaign Financing
Trust Fund Contribution.

\$5.00 May Be
Added to Fees

Make Check Payable to
Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE PD
NAME SEBACHER, GILES
STREET ADDRESS 427 N. CYPRESS DR. #3
CITY-ST-ZIP TEQUESTA FL 33469 ☒ Delete

TITLE VTD
NAME MACHADO, FRANK W
STREET ADDRESS 423 N. CYPRESS DR. #12
CITY-ST-ZIP TEQUESTA FL 33469 ☒ Delete

TITLE SD
NAME BRIGHTBILL, DAWNELL
STREET ADDRESS 425 N. CYPRESS DR #8
CITY-ST-ZIP TEQUESTA FL 33469 ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE PD
NAME Bruce M. Green
STREET ADDRESS 423 N Cypress Dr # 10
CITY-ST-ZIP Tequesta FL 33469 ☐ Change ☐ Addition

TITLE VPD
NAME Jay Maher
STREET ADDRESS 421 N Cypress Dr #14
CITY-ST-ZIP Tequesta FL 33469 ☐ Change ☐ Addition

TITLE TD
NAME Mary L. Thaysen
STREET ADDRESS 421 N. Cypress Dr #14
CITY-ST-ZIP Tequesta FL 33469 ☐ Change ☐ Addition

TITLE SD
NAME LARILEE JACOBS
STREET ADDRESS 425 N Cypress Dr #8
CITY-ST-ZIP Tequesta FL 33469 ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #