

**2004 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Jun 02, 2004 8:00 am**  
**Secretary of State**

06-02-2004 90002 007 \*\*\*\*61.25

**DOCUMENT # 752152**

1. Entity Name  
**GEORGETOWNE PLACE HOMEOWNERS ASSOCIATION,  
INC.**



Principal Place of Business

**P.O. BOX 3611  
TEQUESTA, FL 33469**

Mailing Address

**P.O. BOX 3611  
TEQUESTA, FL 33469**

**54056375**



03012003 No Chg-NP

CR2E037 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**NOT APPLICABLE**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

**6. Name and Address of Current Registered Agent**

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

**DO NOT WRITE  
IN THIS SPACE**

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

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 September 8, 2004**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

**10. OFFICERS AND DIRECTORS**

TITLE PD  
NAME ~~BEARMAN, HEIDI~~ *Thaysen Mary*  
STREET ADDRESS ~~425 N CYPRESS DR #6~~ *421 N. Cypress Dr., #14*  
CITY - ST - ZIP TEQUESTA, FL 33469

TITLE VPD  
NAME ~~THAYSEN, MARY L~~ *Green Bruce*  
STREET ADDRESS ~~421 N CYPRESS DR #14~~ *423 N. Cypress Dr., #10*  
CITY - ST - ZIP TEQUESTA, FL 33469

TITLE T  
NAME MAGNOR, CAROLYN  
STREET ADDRESS ~~457 N CYPRESS DR UNIT 1~~  
CITY - ST - ZIP JUPITER, FL 33469

TITLE S  
NAME KUDYBA, PENNY  
STREET ADDRESS 427 N. CYPRESS DR 3  
CITY - ST - ZIP JUPITER, FL 33469

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

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IN THIS SPACE**

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:**

*Carolyn Magnor (Carolyn Magnor)*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*5/28/04*  
Date

*561 745 9514*  
Daytime Phone #