

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 752152

FILED
Apr 29, 2008
Secretary of State

Entity Name: GEORGETOWNE PLACE HOMEOWNERS ASSOCIATION, INC.

Current Principal Place of Business:

P.O. BOX 3611
TEQUESTA, FL 33469

New Principal Place of Business:

427 N CYPRESS DR
#3
TEQUESTA, FL 33469

Current Mailing Address:

P.O. BOX 3611
TEQUESTA, FL 33469

New Mailing Address:

FEI Number: **FEI Number Applied For ()** **FEI Number Not Applicable (X)** **Certificate of Status Desired ()**

Name and Address of Current Registered Agent:

GASSMANN, KATHLEEN A
601 A PINECREST CIR
JUPITER, FL 33458 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: VP () Delete
Name: THAYSEN, MARY
Address: 421 N. CYPRESS DR. #14
City-St-Zip: TEQUESTA, FL 33469

Title: T () Delete
Name: KUDYBA, PENNY
Address: 427 N. CYPRESS DR 3
City-St-Zip: JUPITER, FL 33469

Title: S () Delete
Name: CLAESSEN, DAWNELL
Address: 245 KREFELD RD NW
City-St-Zip: PALM BAY, FL 32907

Title: PD () Delete
Name: GREEN, BRUCE
Address: 423 N CYPRESS DR #10
City-St-Zip: TEQUESTA, FL 33469

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

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

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: KATHLEEN A GASSMANN

RA

04/29/2008

Electronic Signature of Signing Officer or Director

Date