FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED AND FILED

95 MAR -2 PM 3:45

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **753844** **(0)**

1. Corporation Name

GEORGETOWNE HOMEOWNERS ASSOCIATION OF DAYTONA BEACH, INC.

Principal Place of Business	Mailing Address
1166 PELICAN BAY DR DAYTONA BEACH FL 32119 US	1166 PELICAN BAY DR DAYTONA BEACH FL 32119 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 08/21/1980
3a. Date of Last Report: 04/04/1994
4. FEI Number: 59-2869282 ☐ Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐ **$68.75** Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☒ No

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 / Country 25	Zip 29 / Country 30

9. Name and Address of Current Registered Agent

SELWITZ, BARBARA J.
1166 PELICAN BAY DRIVE
DAYTONA BCH. FL 32119

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number Is Not Acceptable)
83
84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

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

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	~~PD~~	1.1 TITLE	VPD	☐ Change ☒ Addition
NAME	~~CARHART, WILLIAM G.~~	1.2 NAME	SHIELDS, BARBARA	
STREET ADDRESS	~~121 N. PAUL REVERE DR.~~	1.3 STREET ADDRESS	240 Wellington Dr	
CITY-ST-ZIP	~~DAYTONA BEACH FL~~	1.4 CITY-ST-ZIP	Daytona Beach, FL 32119	
TITLE	~~VD~~	2.1 TITLE	TD	☒ Change ☐ Addition
NAME	ABBOTT, DALE	2.2 NAME		
STREET ADDRESS	161 HARPERS FERRY DR	2.3 STREET ADDRESS		
CITY-ST-ZIP	DAYTONA BCH FL	2.4 CITY-ST-ZIP		
TITLE	~~TD~~	3.1 TITLE	PD	☒ Change ☐ Addition
NAME	MIHALIC, PAT	3.2 NAME		
STREET ADDRESS	216 YORKTOWNE BLVD	3.3 STREET ADDRESS		
CITY-ST-ZIP	DAYTONA BCH FL	3.4 CITY-ST-ZIP		
TITLE	VPD	4.1 TITLE		☐ Change ☒ Addition
NAME	~~NOTTINGHAM, EDNA A~~	4.2 NAME	COOK, GEORGE	
STREET ADDRESS	~~108 WOODBRIDGE CIRCLE~~	4.3 STREET ADDRESS	220 Quaker Ridge Dr	
CITY-ST-ZIP	~~DAYTONA BEACH FL~~	4.4 CITY-ST-ZIP	Daytona Beach, FL 32119	
TITLE	VD	5.1 TITLE		☐ Change ☐ Addition
NAME	HARTGROVE, DAVID	5.2 NAME		
STREET ADDRESS	113 CENTENNIAL LN	5.3 STREET ADDRESS		
CITY-ST-ZIP	DAYTONA BEACH FL	5.4 CITY-ST-ZIP		
TITLE	~~VD~~	6.1 TITLE	SD	☐ Change ☒ Addition
NAME	~~AITKEN, ROBERT~~	6.2 NAME	CASPER, TOM	
STREET ADDRESS	~~148 HITCHING POST DR~~	6.3 STREET ADDRESS	124 S. Woodbridge Cir	
CITY-ST-ZIP	~~DAYTONA BEACH FL~~	6.4 CITY-ST-ZIP	Daytona Beach, FL 32119	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Patricia J. Mihalic Patricia Mihalic 904-756-3032
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL Title Daytime Phone #

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