

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



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

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

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DAYTONA BEACH FL 32119
US

3. Date Incorporated or Qualified

08/21/1980

3a. Date of Last Report

03/02/1995

2. Principal Place of Business

2a. Mailing Address

21

26

4. FEI Number

59-2869282

Applied For

Not Applicable

22

27

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

23

28

6. Election Campaign Financing
Trust Fund Contribution

☐

\$5.00 May Be
Added to Fees

24

25

Country

29

30

Zip

Country

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

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

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 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	VPD	<input checked="" type="checkbox"/> DELETE
NAME	SHIELDS, BARBARA	
STREET ADDRESS	240 WELLINGTON DRIVE	
CITY - ST - ZIP	DAYTONA BEACH FL	
TITLE	TD	<input checked="" type="checkbox"/> DELETE
NAME	ABBOTT, DALE	
STREET ADDRESS	161 HARPERS FERRY DR	
CITY - ST - ZIP	DAYTONA BCH FL	
TITLE	PD	<input checked="" type="checkbox"/> DELETE
NAME	MIHALIC, PAI	
STREET ADDRESS	216 YORKTOWNE BLVD	
CITY - ST - ZIP	DAYTONA BCH FL	
TITLE	VPD	<input type="checkbox"/> DELETE
NAME	COOK, GEORGE	
STREET ADDRESS	220 QUAKER RIDGE DR	
CITY - ST - ZIP	DAYTONA BEACH FL	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	HARTGROVE, DAVID	
STREET ADDRESS	113 CENTENNIAL LN	
CITY - ST - ZIP	DAYTONA BEACH FL	
TITLE	DS	<input type="checkbox"/> DELETE
NAME	CASPER, TOM	
STREET ADDRESS	124 S WOODBRIDGE CIR	
CITY - ST - ZIP	DAYTONA BEACH FL	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	Vice President	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	Alan White	
1.3 STREET ADDRESS	244 Georgetowne Blvd.	
1.4 CITY - ST - ZIP	Daytona Beach, FL 32119	
2.1 TITLE	Secretary	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	Gordon Kelly	
2.3 STREET ADDRESS	248 Georgetowne Blvd	
2.4 CITY - ST - ZIP	Daytona Beach, FL 32119	
3.1 TITLE	Treasurer	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	John Bradley	
3.3 STREET ADDRESS	321 N. Paul Revere Drive	
3.4 CITY - ST - ZIP	Daytona Beach, FL 32119	
4.1 TITLE	Director	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY - ST - ZIP		
5.1 TITLE	Director	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	Robert Wells	
5.3 STREET ADDRESS	264 Yorktowne Drive	
5.4 CITY - ST - ZIP	Daytona Beach, FL 32119	
6.1 TITLE	President/Director	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY - ST - ZIP		

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)(k), 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (12/95)