


# 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 16, 2004 8:00 am**  
**Secretary of State**

04-16-2004 90129 050 \*\*\*\*70.00

<b>DOCUMENT # 753844</b>		
1. Entity Name GEORGETOWNE HOMEOWNERS ASSOCIATION OF DAYTONA BEACH, INC.		

Principal Place of Business 150 DUNEDEE ROAD DAYTONA BEACH SHORES, FL 32118 US	Mailing Address 150 DUNEDEE ROAD DAYTONA BEACH SHORES, FL 32118 US
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2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

01142004 Chg-NP CR2E037 (10/03)

4. FEI Number 39-2869282	Applied For Not Applicable
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5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
HUNTER, EDWARD 150 DUNDEE ROAD DAYTONA BEACH SHORES, FL 32118		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. 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 May 1, 2004**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

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

**Make check payable to  
Florida Department of State**

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MOORE, THOM	NAME	
STREET ADDRESS	152 HARPERS FERRY DR	STREET ADDRESS	
CITY-ST-ZIP	DAYTONA BEACH, FL 32119	CITY-ST-ZIP	
TITLE	D <input checked="" type="checkbox"/> Delete	TITLE	T/D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	COPP, DEXTER	NAME	Recupero, John
STREET ADDRESS	715 HENSEL HILL EAST	STREET ADDRESS	308 American Way
CITY-ST-ZIP	PORT ORANGE, FL 32127	CITY-ST-ZIP	Daytona Beach, FL 32119
TITLE	D <input type="checkbox"/> Delete	TITLE	V/D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GAMBINO, RITA	NAME	Gambino, Rita
STREET ADDRESS	100 GREEN BROOK COURT	STREET ADDRESS	100 Green Brook Court
CITY-ST-ZIP	DAYTONA BCH, FL 32119	CITY-ST-ZIP	Daytona Beach, FL 32119
TITLE	D <input checked="" type="checkbox"/> Delete	TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	STAIB, RUSS	NAME	Callahan, Leonard
STREET ADDRESS	216 WELLINGTON DRIVE	STREET ADDRESS	206 Centennial Lane
CITY-ST-ZIP	DAYTONA BEACH, FL 32119	CITY-ST-ZIP	Daytona Beach, FL 32119
TITLE	D <input type="checkbox"/> Delete	TITLE	P/D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HIGGINS, JEANNE	NAME	Higgins, Jeanne
STREET ADDRESS	225 WELLINTON DR	STREET ADDRESS	225 Wellington Dr.
CITY-ST-ZIP	DAYTONA BEACH, FL 32119	CITY-ST-ZIP	Daytona Beach, FL 32119
TITLE	D <input type="checkbox"/> Delete	TITLE	S/D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CASPER, THOMAS	NAME	Casper, Thomas
STREET ADDRESS	124 WOODBRIDGE CIRCLE	STREET ADDRESS	124 Woodbridge Circle, Daytona Beach, FL 32119
CITY-ST-ZIP	DAYTONA BEACH, FL 32119	CITY-ST-ZIP	

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:

*Jeanne E Higgins, President*

2/10/04 386-788 4546

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #