2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT #753844

GEORGETOWNE HOMEOWNERS ASSOCIATION OF DAYTONA BEACH, INC.



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

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

Maling Accress ISO INREDER ENROD DAYTONA BEACH SHOKES, FL 32118 US Notification DAYTONA BEACH SHOKES, FL 32118 US Sulfo, Apt. #, etc. Sulfo, Apt. #, etc. City & State City & FL Zip Code Street Address of New Registered Agent To Number and Address of New Registered Agent To Number							1		j					
Suite Apt #, etc. Suite	150 DUNEDE	EE ROAD	, FL 32118 US	150 D	OUNEDEE ROAD	RES, FL	32118	US	(/ 8 8 1 6 7 1 8 7 8 1) 6 11 81 (22 0 1 4 0 1				Riddu Ra d a d a
City & State City & State City & State City & State September For S	Principal Place of Business 3. Mailing Address													
Second	Suite, Apt. #, etc. Suite, Apt. #, etc.								01142004	Chg-NF	•	CR2E03	7 (10/03)	Prog.
S. Centrean of Status Clearer F. See Anapared 7. Name and Address of New Registered Agent Name Name Name City City FL Zip Code City FILing Fee is \$61.25 Due by May 1, 2004 Due by May 1, 2004 Code Controlland Financing City Filing Fee is \$61.25 Due by May 1, 2004 City Filing Fee is \$61.25 Due by May 1, 2004 City Filing Fee is \$61.25 Due by May 1, 2004 City Filing Fee is \$61.25 Due by May 1, 2004 Code Controlland Financing City Filing Fee is \$61.25 Due by May 1, 2004 City Filing Fee is \$61.25 Due by May 1, 2004 City Filing Fee is \$61.25 Due by May 1, 2004 City Filing Fee is \$61.25 Due by May 1, 2004 City Filing Fee is \$61.25 Due by May 1, 2004 City Filing Fee is \$61.25 Due by May 1, 2004 City Filing Fee is \$61.25 Due by May 1, 2004 City Filing Fee is \$61.25 Due by May 1, 2004 City Filing Fee is \$61.25 Due by May 1, 2004 City Filing Fee is \$61.25 Due by May 1, 2004 City Filing Fee is \$61.25 Due by May 1, 2004 City Filing Fee is \$61.25 City Filing Fee is \$61.25	City & State				City & State							- F.	<u> </u>	
Name Street Address (P.O. Box Number is Not Acceptable) Street Address (P.O. Box Number is Not Acceptable)	Zip		Country	Zip		Cou	untry		5. Certificate	of Status D	esired			
Street Address (P.O. Box Number is Not Acceptable) Street Address (P.O. Box Number is Not Acceptable)		6. Name	and Address of Current	Registered	d Agent				7. Name and	Address o	f New R	egistered A	gent -	·
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 Florde. I am familiar with, and accept the debigations of registered agent. SIGNATURE Signature logist or precision of registered agent and itserf approach agent a								\	DO Barritina	:- Bl A-				
E. The above named entity submits this statement for the purpose of changing its registered algent, or both, in the State of Florids. I am familiar with, and accept the obligations of registered agent. SIGNATURE Signature, speed or prefer name of registered agent and later if spokepile.														
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 Supremental product prefered agent. Page 1							City		. <u>, "</u>			FL	Zip Coc	de
SIGNATURE Signature Signa	O The shave									h in the Co	4 m-		10	
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Trust Fund Contribution: Added to Fees Florida Department of State		Signature, typed (r printed name of registered agent a	and title if appli	icable. (NOT	E: Registere	d Agent signa	iture required	when reinstating)			DATE		
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45. I hereby continue that the information complied with this filips does not qualify for the exemption stated in Section 119.07/3\(\)). Florida Statutes. I further certify that the information.			~~~	11-1-70	-1									

r nereby certify that the information supplied with this tiling 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.

NOOPFICER OR DIRECTOR dixa IGNATURE AND TYPED OR PRINTED NAME OF S