2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 768435

FILED Jun 10, 2009 Secretary of State

Entity Name: GEORGETOWNE SUBDIVISION HOME OWNERS ASSOCIATION, INC.

urrent F	Principal Plac	ce of Business:	New Principal Place of Busines	s:
	DRGETOWNE TA, FL 34232			
urrent N	/lailing Addr	ess:	New Mailing Address:	
	DRGETOWNE TA, FL 34232		1389 GEORGETOWNE CIR SARASOTA, FL 34232 US	
El Numbei accordar		FEI Number Applied For() 193(2)(b), F.S., the corporation did		te of Status Desired ()
ame and	d Address of	Current Registered Agent:	Name and Address of New Regi	istered Agent:
	DRGETOWNE TA, FL 34232			
	e named entity e of Florida.	y submits this statement for the	purpose of changing its registered office or re	egistered agent, or both
the Stat	e of Florida.	y submits this statement for the	purpose of changing its registered office or re	egistered agent, or botl
the Stat	e of Florida. RE:	y submits this statement for the property of the property only signature of Registered A		egistered agent, or botl Date
n the Stat SIGNATU	e of Florida. RE:	onic Signature of Registered A		Date
the Stat	e of Florida. RE: Electro S AND DIRE PD (RISSER, NIC	onic Signature of Registered A CTORS: () Delete OLE SETOWNE CIRCLE	gent [Date
the State of the S	E of Florida. RE: Electro S AND DIRE PD (1) RISSER, NIC 1347 GEORG SARASOTA, VPD (1) KRISTJANSC	CTORS: () Delete OLE SETOWNE CIRCLE FL 34232 () Delete ON, MARGARET SETOWNE BLVD	gent ADDITIONS/CHANGES TO OFFI Title: () Change (Name: Address:	Date ICERS AND DIRECTO) Addition
the State of the S	E of Florida. RE: Electro S AND DIRE PD RISSER, NIC 1347 GEORG SARASOTA, VPD KRISTJANSC 1617 GEORG SARASOTA, TD LINDBERG, N	CTORS: () Delete OLE BETOWNE CIRCLE FL 34232 () Delete ON, MARGARET BETOWNE BLVD FL 34232 () Delete MICKY BETOWNE CIRCLE	Gent ADDITIONS/CHANGES TO OFFI Title: () Change (Name: Address: City-St-Zip: Title: () Change (Name: Address: City-St-Zip: Change (Name: Address: City-St-Zip: City-St	Date ICERS AND DIRECTO) Addition) Addition) Addition

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: KATHRINE WIEGAND SD 06/10/2009