2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # N05000012151

1. Entity Name

GEORGETOWN HOMEOWNERS ASSOCIATION, INC.



Principal Place of Business

2120 CORPORATE SQUARE BLVD.

SUITE #3

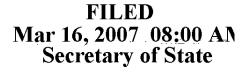
JACKSONVILLE, FL 32216

Mailing Address

2120 CORPORATE SQUARE BLVD.

SUITE #3

JACKSONVILLE, FL 32216



Davime Phone I



DO NOT WRITE IN THIS SPACE

01162007 No Chg-NP CR2E037 (4/06)

4. FEI Number Applied For Not Applied St. Certificate of Status Desired Sa.75 Additional Fee Required

6. Name and Address of Current Registered Agent

SEMANIK, JOHN A 2120 CORPORATE SQUARE BLVD SUITE #3 JACKSONVILLE, FL 32216

SIGNATURE:

DO NOT WRITE IN THIS SPACE

 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, lyped 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, 2007	Election Campaign Financia Trust Fund Contribution.	ng 🔲	\$5.00 May Be Added to Fees	000000670181 03/27/07-80103-002 61.25
10. OFFICERS AND DIRECTORS					
TITLE NAME STREET AODRESS CITY-ST-2IP	PD SEMANIK, JOHN A 2120 CORPORATE SQUARE BLVD. #3 JACKSONVILLE, FL 32216				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD LESNAIK, JENNIE 2120 CORPORATE SQUARE BLVD #3 JACKSONVILLE, FL 32216				
NAME STREET ADDRESS CITY-SI-ZIP	S LAMBERT, JILL 2120 CORPORATE SQUARE BLVD. #3 JACKSONVILLE, FL 32216			DO	NOT WRITE
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CARPENTER, KATHERINE 2120 CORPORATE SQUARE BLVD. #3 JACKSONVILLE, FL 32216			IN .	THIS SPACE
TITLE NAME STREET ADDRESS CITY-SI-ZIP					
DILE NAME STREET ADDRESS CITY-ST-ZIP					
12. I hereby certify that the information supplied with this filling does not qualify for the exemptions contained 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 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.					