

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 21, 2005 8:00 am
Secretary of State

03-21-2005 90110 020 ****61.25



DOCUMENT # N08096

1. Entity Name
GEORGETOWNE MANOR HOMEOWNERS' ASSOCIATION, INC.

Principal Place of Business
**1501 ARIANA ST
 LAKELAND FL 33815**

Mailing Address
**32 BB ST
 LAKELAND FL 33815
 US**

2. Principal Place of Business
 Suite, Apt. #, etc.

3. Mailing Address
32 BB ST
 Suite, Apt. #, etc.

City & State
Lakeland, FL

Zip
33815

Country
USA



1st MOORE CR2E037 (10/04)

4. FEI Number **58-1713677** Applied For Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent
**COLLING, LEE JAY
 LEE JAY COLLINS & ASSOC, PA
 682 MAITLAND AVE
 ALTAMONTE SPRINGS FL 32701**

7. Name and Address of New Registered Agent
 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW: FEE IS \$61.25 Due By May 1, 2005

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 DIRECTOR	<input type="checkbox"/> Delete	TITLE PRESIDENT	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME BERSUDER, ARLENE		NAME Michael, Andre	
STREET ADDRESS 14 EE		STREET ADDRESS 31 CC	
CITY-ST-ZIP LAKELAND FL 33815		CITY-ST-ZIP Lakeland, FL 33815	
TITLE T	<input checked="" type="checkbox"/> Delete	TITLE VICE PRESIDENT	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME DEAN, VIRGINIA		NAME Prescott, Fred	
STREET ADDRESS 23 BB ST.		STREET ADDRESS 41 DD	
CITY-ST-ZIP LAKELAND FL 33815		CITY-ST-ZIP Lakeland, FL 33815	
TITLE S	<input checked="" type="checkbox"/> Delete	TITLE SECRETARY	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME MAPWELL, BARBARA		NAME Halay, Dore	
STREET ADDRESS 48 DD ST		STREET ADDRESS 24 EE	
CITY-ST-ZIP LAKELAND FL 33815		CITY-ST-ZIP Lakeland FL 33815	
TITLE D	<input checked="" type="checkbox"/> Delete	TITLE TREASURER	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME SUMMERS, JOYCE		NAME Doble, Paul	
STREET ADDRESS 26 EE STREET		STREET ADDRESS 32 BB	
CITY-ST-ZIP LAKELAND FL 33815		CITY-ST-ZIP Lakeland, FL 33815	
TITLE D	<input checked="" type="checkbox"/> Delete	TITLE DIRECTOR	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME PLUMLEX, ROBERT		NAME Clevenger, Richard	
STREET ADDRESS 15 DD ST.		STREET ADDRESS 3 CC	
CITY-ST-ZIP LAKELAND FL 33815		CITY-ST-ZIP Lakeland, FL 33815	
TITLE P	<input checked="" type="checkbox"/> Delete	TITLE DIRECTOR	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME BERTOTTO, ED		NAME Proulx, Bernard	
STREET ADDRESS 35 DD		STREET ADDRESS 39 BB	
CITY-ST-ZIP LAKELAND FL 33815		CITY-ST-ZIP Lakeland, FL 33815	

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: Virginia Dean Treasurer Date: 3/15/05 Daytime Phone #: 863-680-1159