

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 01, 2007 8:00 am
Secretary of State

05-01-2007 90038 020 ****61.25

DOCUMENT # N10717
 1. Entity Name
GEORGETOWN EAST ASSOCIATION, INC.



Principal Place of Business
3440 EAST LAKE ROAD
STE 108
PALM HARBOR, FL 34685

Mailing Address
C/O CMR, INC
4175 EAST BAY DRIVE, STE 205
CLEARWATER, FL 33764 US

2. Principal Place of Business - No P.O. Box #
1/0 CMC, Inc
 Suite, Apt. #, etc. **#205**
4175 East Bay Dr. #205
 City & State
Clearwater, FL
 Zip **33764** Country **USA**

3. Mailing Address
1/0 CMC, Inc
 Suite, Apt. #, etc. **SAM P**
 City & State
FL
 Zip **33764** Country **US**

4. FEI Number
59-2576438 Applied For
 Not Applicable

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

01252007 Chg-NP CR2E037 (12/06)

6. Name and Address of Current Registered Agent
HILDEBRANDT, HAL
C/O CMC INC
4175 EAST BAY DRIVE STE 205
CLEARWATER, FL 33764

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Filing Fee is \$61.25
Due by May 1, 2007

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	
TITLE VP	<input checked="" type="checkbox"/> Delete
NAME COLE, ROBERT	
STREET ADDRESS 1206 ROXBURY DR	
CITY-ST-ZIP SAFETY HARVOR, FL 34695	
TITLE D	<input type="checkbox"/> Delete
NAME OTTE, SANDRA	
STREET ADDRESS 1103 KENSINGTON CT	
CITY-ST-ZIP SAFETY HARBOR, FL 34695	
TITLE DT	<input type="checkbox"/> Delete
NAME BROWN, JANICE	
STREET ADDRESS 510 GEORGETOWN PL	
CITY-ST-ZIP SAFETY HARBOR, FL 34695	
TITLE DP	<input type="checkbox"/> Delete
NAME SIBEN, PHILIP	
STREET ADDRESS 509 GEORGETOWN PL	
CITY-ST-ZIP SAFETY HARBOR, FL 34695	
TITLE D	<input checked="" type="checkbox"/> Delete
NAME BENETTE, EURETTE	
STREET ADDRESS 1008 GEORGETOWN DR	
CITY-ST-ZIP SAFETY HARBOR, FL 34695	
TITLE D	<input type="checkbox"/> Delete
NAME DOUGLASS, ALAN	
STREET ADDRESS 506 GEORGETOWN PL	
CITY-ST-ZIP SAFETY HARBOR, FL 34695	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE President	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME Siben, Philip A.	
STREET ADDRESS 509 Georgetown Pl.	
CITY-ST-ZIP Safety Harbor, FL 34695	
TITLE VP	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME Karen Bartoszek	
STREET ADDRESS 1209 Roxbury Dr.	
CITY-ST-ZIP Safety Harbor, FL 34695	
TITLE S	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME Sandra Otte	
STREET ADDRESS 1103 Kensington Ct.	
CITY-ST-ZIP Safety Harbor, FL 34695	
TITLE Janice Brown	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME Janice Brown	
STREET ADDRESS 510 Georgetown Pl.	
CITY-ST-ZIP Safety Harbor, FL 34695	
TITLE D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME Garry Arvidson	
STREET ADDRESS 1200 Roxbury Dr.	
CITY-ST-ZIP Safety Harbor, FL 34695	
TITLE D	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

12. I hereby certify that the information supplied with this filing 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.

SIGNATURE: [Signature] Date: 4-27-07 Daytime Phone #: 727-797-8087