

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 14, 2008 8:00 am
Secretary of State

04-14-2008 90039 038 ****61.25

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



Principal Place of Business
 4175 EAST BAY DR.
 #205
 CLEARWATER, FL 33764

Mailing Address
 4175 EAST BAY DR.
 #205
 CLEARWATER, FL 33764 US

40067537



2. Principal Place of Business - No P.O. Box #
 Suite, Apt. #, etc.

3. Mailing Address
 Suite, Apt. #, etc.

02042008 Chg-NP CR2E037 (12/06)

City & State
 Zip Country

4. FEI Number
 59-2576438

Applied For
 Not Applicable

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

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 BLISS, KIRK
 Street A C/O CMC, INC
 4175 East Bay Dr., Ste 205
 City Clearwater, FL 33764

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 Kirk Bliss DATE 2/28/08

Signature, typed 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, 2008

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 NAME STREET ADDRESS CITY-ST-ZIP	P SIBER, PHILIP 509 GEORGETOWN PL SAFETY HARVOR, FL 34695 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D OTTE, SANDRA 1103 KENSINGTON CT SAFETY HARBOR, FL 34695 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DT BROWN, JANICE 510 GEORGETOWN PL SAFETY HARBOR, FL 34695 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP SIBEN, PHILIP 509 GEORGETOWN PL SAFETY HARBOR, FL 34695 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V BARTOZZEK, KAREN 1209 ROXBURY DR. SAFETY HARBOR, FL 34695 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DOUGLASS, ALAN 506 GEORGETOWN PL SAFETY HARBOR, FL 34695 <input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S Otte, Sandra <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Brown, Janice <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Arvidson, Gary 1200 Roxbury Dr. Safety Harbor, FL 34695 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Collins, Judy 514 Haverhill Ln. Safety Harbor, FL 34695 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: Philip M. Siber DATE: 4/2/08 DAYTIME PHONE #: 727-797-8087

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNER OFFICER OR DIRECTOR DATE DAYTIME PHONE #