

# 2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N10717

FILED  
Apr 13, 2010  
Secretary of State

Entity Name: GEORGETOWN EAST ASSOCIATION, INC.

## Current Principal Place of Business:

4585 140TH AVE NORTH  
SUITE 1012  
CLEARWATER, FL 33762

## Current Mailing Address:

4585 140TH AVE NORTH  
SUITE 1012  
CLEARWATER, FL 33762

## New Principal Place of Business:

4585 140TH AVENUE N  
SUITE 1012  
CLEARWATER, FL 33762

## New Mailing Address:

4585 140TH AVENUE N  
SUITE 1012  
CLEARWATER, FL 33762

FEI Number: 59-2576438

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

COMMUNITY MANAGEMENT CONCEPTS, INC.  
4585 140TH AVE. NORTH SUITE 1012  
CLEARWATER, FL 33762 US

## Name and Address of New Registered Agent:

COMMUNITY MANAGEMENT CONCEPTS, INC.  
4585 140TH AVENUE N  
SUITE 1012  
CLEARWATER, FL 33762 US

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.

SIGNATURE: KIRK BLISS

04/13/2010

Electronic Signature of Registered Agent

Date

## OFFICERS AND DIRECTORS:

Title: P  
Name: SIBEN, PHILIP  
Address: 509 GEORGETOWN PL  
City-St-Zip: SAFETY HARBOR, FL 34695

Title: S  
Name: OTTE, SANDRA  
Address: 1103 KENSINGTON CT  
City-St-Zip: SAFETY HARBOR, FL 34695

Title: T  
Name: FLAMENT, JAMES  
Address: 1101 KENSINGTON CT  
City-St-Zip: SAFETY HARBOR, FL 34695

Title: VP  
Name: ARVIDSON, GARY  
Address: 1200 ROXBURY DR  
City-St-Zip: SAFETY HARBOR, FL 34695

Title: D  
Name: BARTOZEK, KAREN  
Address: 1209 ROXBURY DR.  
City-St-Zip: SAFETY HARBOR, FL 34695

Title: D  
Name: COLLINS, JUDY  
Address: 514 GEORGETOWN PL  
City-St-Zip: SAFETY HARBOR, FL 34695

I hereby 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 all other like empowered.

SIGNATURE: TRACY LOSE

MGR

04/13/2010

Electronic Signature of Signing Officer or Director

Date