


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 05, 2005 8:00 am
Secretary of State

05-05-2005 90098 034 ****61.25

DOCUMENT # N15896 1. Entity Name GEORGETOWN OF PELICAN BAY PROPERTY OWNERS ASSOCIATION, INC.					
Principal Place of Business SW PROPERTY MGMT CORP 1044 CASTILLO DR STE 206 NAPLES, FL 34103 US			Mailing Address 1044 CASTELLO DRIVE SUITE 3206 NAPLES, FL 34103 US		
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.		03222005 Chg-NP CR2E037 (10/03)	
City & State		City & State		4. FEI Number 59-2725520	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent SOUTHWEST PROPERTY MANAGEMENT 1044 CASTELLO DRIVE SUITE #206 NAPLES, FL 34103				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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
Filing Fee is \$61.25 Due by May 1, 2005		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$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 NAME STREET ADDRESS CITY-ST-ZIP	TD ZACHO, KAREN 6564 THOMAS JEFFERSON CT. NAPLES, FL 34108	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	S ZACHO, KAREN 6504 THOMAS JEFFERSON CT. #27 NAPLES, FL 34108	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HALE, ROBERT 6624 GEORGE WASHINGTON WAY #10 NAPLES, FL 34108	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P HALE, ROBERT 6624 GEORGE WASHINGTON WAY, #10 NAPLES, FL 34108	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GRANATA, PETER 6507 THOMAS JEFFERSON CT. NAPLES, FL 34108	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP GRANTA, PETER 6507 THOMAS JEFFERSON CT. #24 NAPLES, FL 34108	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD MCNAMARA, EDWARD 6620 GEORGE WASHINGTON WAY #9 NAPLES, FL 34108	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	_____ _____ _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D FLANAGAN, LEO 6513 THOMAS JEFFERSON CT. #23 NAPLES, FL 34108	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	T FLANAGAN, LEO 6513 THOMAS JEFFERSON CT. #23 NAPLES, FL 34108	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	_____ _____ _____	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	O WALSH, DONALD 6507 THOMAS JEFFERSON CT. #19 NAPLES, FL 34108	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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: <u>Leo A. Flanagan</u> LEO A FLANAGAN <u>4/5/05</u> <u>(239) 597-1420</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					

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