2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N15896

Apr 13, 2006 Secretary of State

Entity Name: GEORGETOWN OF PELICAN BAY PROPERTY OWNERS ASSOCIATION, INC.

Current Principal Place of Business: New Principal Place of Business:

SW PROPERTY MGMT CORP 1044 CASTILLO DR STE 206 NAPLES, FL 34103

New Mailing Address: Current Mailing Address:

1044 CASTELLO DRIVE **SUITE 3206** NAPLES, FL 34103

FEI Number: 59-2725520 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

SOUTHWEST PROPERTY MANAGEMENT 1044 CASTELLO DRIVE **SUITE #206** NAPLES, FL 34103 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:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

() Delete (X) Change () Addition ZACHO, KAREN WALSH, DONALD Name: Name: 6504 THOMAS JEFFERSON CT, #27 Address: 6527 THOMAS JEFFERSON CT Address: City-St-Zip: NAPLES, FL 34108 City-St-Zip: NAPLES, FL 34108

Title: () Delete Title: () Change () Addition Name:

HALE, ROBERT Name: Address: 6624 GEORGE WASHINGTON WAY #10 Address: City-St-Zip: NAPLES, FL 34108 City-St-Zip:

Title: VΡ () Delete Title: (X) Change () Addition

GRANTA, PETER SHANLEY, PETER Name: Name:

6507 THOMAS JEFFERSON CT, #24 6508 THOMAS JEFFERSON CT. Address: Address:

City-St-Zip: NAPLES, FL 34108 City-St-Zip: NAPLES, FL 34108

(X) Change () Addition Title: () Delete Title: SD Name: FLANAGAN, LEO Name: FLANAGAN, LEO

6513 THOMAS JEFFERSON CT. #23 6513 THOMAS JEFFERSON CT. #23 Address: Address:

City-St-Zip: NAPLES, FL 34108 City-St-Zip: NAPLES, FL 34108

Title: () Delete Title: (X) Change () Addition

WALSH, DONALD BUTOW, KLAUS Name: Name:

6527 THOMAS JEFFERSON CT, #19 6515 THOMAS JEFFERSON CT. Address: Address:

NAPLES, FL 34108 City-St-Zip: NAPLES, FL 34108 City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: ROBERT HALE Ρ 04/13/2006