


2006 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT

**FILED**  
**Feb 06, 2006 8:00 am**  
**Secretary of State**

02-06-2006 90062 030 \*\*\*\*61.25

|   |   |   |  |   |  |
|---|---|---|--|---|--|
| <b>DOCUMENT # N20187</b><br>1. Entity Name<br>GEORGETOWNE HOMEOWNERS ASSOCIATION, INC.  |   |   |  |  |  |
| Principal Place of Business<br>165 W SR 434<br>WINTER PARK, FL 32708 US   |   |   | Mailing Address<br>PO BOX 915322<br>LONGWOOD, FL 32791-5322 US   |   |  |
| 2. Principal Place of Business<br><br>Suite, Apt. #, etc.   |   | 3. Mailing Address<br>P.O. Box 197043<br><br>Suite, Apt. #, etc.                    |  |   |  |
| City & State<br><br>Zip   |   | City & State<br>Winter Springs, FL<br>Zip<br>32709                                  |  | Country<br>US   |  |
| 4. FEI Number<br>59-2896773   |   |   |  | Applied For<br>Not Applicable   |  |
| 5. Certificate of Status Desired <input type="checkbox"/>   |   |   |  | \$8.75 Additional Fee Required  |  |
| 6. Name and Address of Current Registered Agent<br><br>NATIONAL ASSOCIATION MANAGEMENT COMPANY<br>165 WEST SR 434<br>WINTER PARK, FL 32708  |   |   | 7. Name and Address of New Registered Agent<br>Name: Palmerston LLC<br>Street Address (P.O. Box Number is Not Acceptable):<br>165 West SR 434<br>City: Winter Springs FL Zip Code: 32708 |   |  |
| 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: <u>Parash Sharma</u> <u>President</u> <u>01/30/06</u><br><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<br>Due by May 1, 2006   |   | 9. Election Campaign Financing<br>Trust Fund Contribution. <input type="checkbox"/> |  | \$5.00 May Be Added to Fees<br>Make check payable to Florida Department of State  |  |
| 10. OFFICERS AND DIRECTORS  |   |   | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10  |   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | D<br>AIKEN, TOM <input type="checkbox"/> Delete<br>1415 WHITEHALL BOULEVARD<br>WINTER SPRINGS, FL 32708 |   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <input type="checkbox"/> Change <input type="checkbox"/> Addition                 |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | DT<br>TABLER, MARY <input type="checkbox"/> Delete<br>716 ANDOVER COURT<br>WINTER SPRINGS, FL 32708     |   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <input type="checkbox"/> Change <input type="checkbox"/> Addition                 |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | DP<br>CURTIS, FRED <input type="checkbox"/> Delete<br>714 ANDOVER<br>WINTER PARK, FL                    |   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <input type="checkbox"/> Change <input type="checkbox"/> Addition                 |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | VD<br>HARVEY, TOM <input type="checkbox"/> Delete<br>784 ANDOVER CIR<br>WINTER SPRINGS, FL 32708        |   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <input type="checkbox"/> Change <input type="checkbox"/> Addition                 |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | D<br>NUSSBUM, ARNOLD <input type="checkbox"/> Delete<br>687 ANDOVER CIR<br>WINTER SPRINGS, FL 3270      |   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <input type="checkbox"/> Change <input type="checkbox"/> Addition                 |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | DS<br>PETITT, CAROLE <input type="checkbox"/> Delete<br>780 ANDOVER CIRCLE<br>WINTER SPRINGS, FL 32708  |   | TITLE<br>NAME<br>STREET ADDRESS<br>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: <u>Fred Curtis</u> <u>2/1/06</u> <u>407-365-7226</u><br><small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone</small>   |   |   |  |   |  |

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ATTACHMENT  
60011945

Georgetowne Homeowners Association, Inc.  
Document # N20187

Additions to Officers & Directors

D  
Jim Allen  
786 Andover Circle  
Winter Springs, FL 32708