
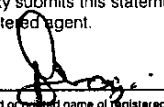
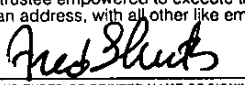


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 12, 2007 8:00 am
Secretary of State

03-12-2007 90102 047 ****61.25

DOCUMENT # N20187 1. Entity Name GEORGETOWNE HOMEOWNERS ASSOCIATION, INC.					
Principal Place of Business 165 W SR 434 WINTER PARK, FL 32708 US			Mailing Address PO BOX 197043 WINTER SPRINGS, FL 32719 US		
2. Principal Place of Business - No P.O. Box # 165 W SR 434		3. Mailing Address Suite, Apt. #, etc.			
City & State Winter Springs FL		City & State Suite, Apt. #, etc.		4. FEI Number 59-2896773	
Zip 32708		Country US		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent PALMERSTON LLC 165 WEST SR 434 WINTER PARK, FL 32708				7. Name and Address of New Registered Agent Name- Palmerston LLC Street Address (P.O. Box Number is Not Acceptable) 165 West State Road 434 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  <small>Signature, typed or printed name of registered agent and title if applicable.</small>		PAKESH SHARMA - OWNER/AGENT <small>(NOTE: Registered Agent signature required when reinstating)</small>		03/08/07 <small>DATE</small>	
Filing Fee is \$61.25 Due by May 1, 2007		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	D AIKEN, TOM 1415 WHITEHALL BOULEVARD WINTER SPRINGS, FL 32708	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DT Aiken, Tom 1415 Whitehall Boulevard Winter Springs, FL 32708	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DT TABLER, MARY 716 ANDOVER COURT WINTER SPRINGS, FL 32708	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Tabler, Mary 716 Andover Court Winter Springs, FL 32708	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP CURTIS, FRED 714 ANDOVER WINTER PARK, FL	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Allen, Jim 786 Andover Circle Winter Springs, FL 32708	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD HARVEY, TOM 784 ANDOVER CIR WINTER SPRINGS, FL 32708	<input 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 NUSSBUM, ARNOLD 687 ANDOVER CIR WINTER SPRINGS, FL 3270	<input 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	DS PETITT, CAROLE 780 ANDOVER CIRCLE WINTER SPRINGS, FL 32708	<input type="checkbox"/> Delete	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:  Fred Curtis			3/7/07 407-365-7226 <small>Date Daytime Phone #</small>		