

**2011 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT****FILED**  
**Jun 21, 2011**  
**Secretary of State**

DOCUMENT# N20187

**Entity Name:** GEORGETOWNE HOMEOWNERS ASSOCIATION, INC.**Current Principal Place of Business:**390 WEST STATE RD. 434  
SUITE 203  
LONGWOOD, FL 327504977 US**New Principal Place of Business:**225 S WESTMONTE DR  
STE #3310  
ALTAMONTE SPRINGS, FL 32714 US**Current Mailing Address:**PO BOX 197043  
WINTER SPRINGS, FL 32719 US**New Mailing Address:**PO BOX 162147  
ALTAMONTE SPRINGS, FL 32716 US**FEI Number:** 59-2896773**FEI Number Applied For ( )****FEI Number Not Applicable ( )****Certificate of Status Desired ( )****Name and Address of Current Registered Agent:**PALMERSTON LLC  
390 WEST S.R. 434 STE.203  
LONGWOOD, FL 327504977 US**Name and Address of New Registered Agent:**VISTA COMMUNITY ASSOCIATION MANAGEMENT  
225 S WESTMONTE DR  
#3310  
ALTAMONTE SPRINGS, FL 32714 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: ELLEN R. WOMACK

06/21/2011

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: DT  
Name: ALLEN, JAMES  
Address: PO BOX 162147  
City-St-Zip: ALTAMONTE SPRINGS, FL 32716

Title: D  
Name: NED, VOSKA  
Address: PO BOX 162147  
City-St-Zip: ALTAMONTE SPRINGS, FL 32716

Title: DP  
Name: MINNICH, DIANE  
Address: PO BOX 162147  
City-St-Zip: ALTAMONTE SPRINGS, FL 32716

Title: DS  
Name: BARRETT, KATHLEEN  
Address: PO BOX 162147  
City-St-Zip: ALTAMONTE SPRINGS, FL 32716

Title: DV  
Name: NUSSBAUM, ARNOLD  
Address: PO BOX 162147  
City-St-Zip: ALTAMONTE SPRINGS, FL 32716

Title: D  
Name: KAEHLER, CINDY  
Address: PO BOX 162147  
City-St-Zip: ALTAMONTE SPRINGS, FL 32716

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: DIANE MINNICH

DP

06/21/2011

Electronic Signature of Signing Officer or Director

Date