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NONPROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State **DIVISION OF CORPORATIONS**

1997

DOCUMENT #

N28058

(8)

GEORGETOWN AT WILLOWBEND HOMEOWNERS ASSOCIATION,

FILED May 09 1997 8:00am Secretary of State



Principal Place	e of Busines	Mailing Address																			
C/O CHRISTINE L. SEARS				C/O CHRISTINE L. SEARS																	
2516 GEORGETOWN LANE FT, WALTON BEACH FL 32547				2516 GEORGETOWN LANE FT. WALTON BEACH FL 32547-6818																	
FI. WALIUN B	SEACH FL 32	FI. WALIUM DEAUN PL 3234/40018							3. Date Incorporated or Qualified 3s. Date of Last F 08/25/1988 03/02/19						ast Ro 2/19	eport 96]				
2. Principal P	lace of Busin	ness _	2a. Mailing Address						4. FEI Number						Applied For						
21 GO STEVE M. CAHOON					26 % STEVE M. CAHOON							59-3298843					.	Not Applicable			
Suite, Apt. #, etc.					Suite, Apt. #, etc.							5. Certificate of Status Desired					\$8		dditional	ヿ゙	
22 2524 GOOKGETOWN LANG					27 ESZY GEORGETOUR				1 CANE			5. Certi	licate	of Stat	us Desi	irea 		F	ee Re	quired	
	TWALTON BUNCH FL			City & State 28 FT. WALTOW {			80	BONCH FL			_	6. Elect Trust		ampaig Contri		ncing				May Be o Fees	
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24 32547		25 USA		29	32547		30	01	4				la Sta					V No			_
9. Name and Address of Current Registered Agent 81 Na												10. Nam	e and	Addre	ss of i	New Re	gistered	Agent			
										me	5:	TEVE M. CAHOON									
Sears,	CHRISTIN						82 Street Addre				uN xc	mber is	Not A	cceptal	ble)				1		
2516 GEORGETOWN LANE										25	24	GE	70 R	<u>487</u>	NNA	<u> </u>	ANE				_
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11. Pursuant	to the provis	ions of Section	ns 617.0502	and 6	17.1508, Flo	orida Statut	les, the	above	e-nar	med (corpo	ration sub	mits th	nis stat	ement t	for the	purpose c	of chang	ging it	s registered	7
agent. I a	egistereo ag m f amil jar w	ith, and accep	it the obligat	ions of	I, Section 61	17.0503, FI	orida St	atuteş	S.			n s board	OI OILE	otors.	i nereu	y acce			#11 #15	redisteren	
SIGNATURE:	SL- 1	M. Calm			æ M.	CAHO		- Vi	ice	-PR	E3.						4/8/	97			
OIGH PATORIES	Signature, typed	or printed name of				(NOI)			ngia Ine	nature i	required	when reinstal					DATE				_ل
12.	·	OFF	ICERS AND	DIREC			18					ADDIT	IONS,	/CHAN	GESTO	O OFFIC	CERS AN				18
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14. 1 do heret	by certify the	it the informati	on supplied	with th	is filina doe	s not qual					ated i	n Section	119.0	7(3)(i).	Florida	Statute	es. I furthe	er certif	y that	the	1

Information Indicated on this annual report or supplemental annual 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 12 or Block 3 If changed, or on an attachment with an address.