2005 NOT-FOR-PROFIT CORPORATION

ANNUAL REPORT DOCUMENT # N28058

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

FILED Mar 07, 2005 08:00 AM Secretary of State

1. Entity Name GEORGETOWN AT WILLOWBEND HOMEOWNERS ASSOCIATION, INC.

C/O STEVE M CAHOON 2524 GEORGETOWN LANE FT. WALTON BEACH, FL 32547 US

Principal Place of Business

Mailing Address

C/O STEVE M CAHOON 2524 GEORGETOWN LN FT WALTON BCH, FL 32547

US



03042005 No Chg-NP	CR2E037 (10/03)
4. FEI Number	Applied For
59-3298843	Not Applicable

5. Certificate of Status Desired

\$8.75 Additional M Fee Required

CAHOON, STEVE M 2524 GEORGETOWN LN FT. WALTON BEACH, FL 32547		DO NOT WRITE IN THIS SPACE		
8. The above the obliga SIGNATURE.	e named entity supprits this statement for the tilons of registered agent. M. Calculation of registered agent and tile statement for the tilons of registered agent and tile statement for the tilons of registered agent and tile statement for the tilons of registered agent and tile statement for the tilons of registered agent and tile statement for the tilons of registered agent and tile statement for the tilons of registered agent and tile statement for the tilons of registered agent.	STEWEN CAHOON	ed affice or registered agent, or b PRES IDENT d Agent signature required when reinstating)	oth, in the State of Florida. I am familiar with, and accept 03/04/05 DATE
	Filing Fee is \$61.25 Due by May 1, 2005	Election Campaign Finan Trust Fund Contribution.	scing \$5.00 May Be Added to Fees	
TO. RITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	OFFICERS AND DIRE PD CAHOON, STEVE M 2524 GEROGETOWN LANE FT. WALTON BEACH, FL 32547 STD DYER, RUSSELL 2518 GEORGETOWN LANE	CTORS		U00000253398 03/07/05-80033-003 70.00
CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	FT. WALTON BEACH, FL VD CAHOON, DEBRA 2524 GEORGETOWN LANE FT WALTON BEACH, FL 32547		DO	NOT WRITE
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TT WILLION BENCH, 12 32347			THIS SPACE
TITLE NAME STREET ADDRESS CITY-ST-ZIP				
TITLE NAME STREET ADDRESS CITY-ST-ZIP				
12. I hereby of indicated of the corp changed,	ertify that the information supplied with this fi on this report or supplemental report is true a obration or the receiver or trustee empowered or on an attachment with an address, with al	iling does not qualify for the exem and accurate and that my signatu d to execute this report as require Il other like empowered.	nption stated in Section 119.07(3) ure shall have the same legal effe ed by Chapter 617, Florida Statute	(i), Florida Statutes. I further certify that the information of as if made under oath; that I am an officer or director as; and that my name appears in Block 10 or Block 11 if

STEVEN (ALLOON

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR