

**2006 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED

**May 01, 2006 08:00 AM
Secretary of State**

DOCUMENT # N28058

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



Principal Place of Business
**C/O STEVE M CAHOON
2524 GEORGETOWN LANE
FT. WALTON BEACH, FL 32547 US**

Mailing Address
**C/O STEVE M CAHOON
2524 GEORGETOWN LN
FT WALTON BCH, FL 32547 US**



04272006 No Chg-NP CR2E037 (11/05)

4. FEI Number
59-3298843

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75** Additional
Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

**CAHOON, STEVE M
2524 GEORGETOWN LN
FT. WALTON BEACH, FL 32547**

**DO NOT WRITE
IN THIS SPACE**

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25
Due by May 1, 2006**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE PD
NAME CAHOON, STEVE M
STREET ADDRESS 2524 GEROGETOWN LANE
CITY-ST-ZIP FT. WALTON BEACH, FL 32547

TITLE STD
NAME DYER, RUSSELL
STREET ADDRESS 2518 GEORGETOWN LANE
CITY-ST-ZIP FT. WALTON BEACH, FL

TITLE VD
NAME CAHOON, DEBRA
STREET ADDRESS 2524 GEORGETOWN LANE
CITY-ST-ZIP FT WALTON BEACH, FL 32547

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

U000000549390
05/13/06-80018-012 70.00

**DO NOT WRITE
IN THIS SPACE**

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #