2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 21, 2008 08:00 AM
Secretary of State

DOCUMENT # N28058

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

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

DO NOT WRITE IN THIS SPACE

01142008 No Chg-NP CR2E037 (4/06)

4. FEI Number
59-3298843
☐ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

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

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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 _____ 4/16/08
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, 2008

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

000000913750
05/08/08-80029-004 70.00

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	

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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: _____ STEVE M. CAHOON 4/16/08 850-585-9076
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #