2004 NOT-FOR-PROFIT CORPORATION **ANNUAL REPORT**

FILED Apr 26, 2004 8:00 am Secretary of State

04-26-2004 91049 013 ****61.25

| D | OCUMENT | # | N28235 |
|---|--------------|---|--------|
| | E CA. Minner | | |

THE GEORGETOWN AT EAGLE TRACE ASSOCIATION, INC.



Principal Place of Business

Mailing Address

AAAAAQQQQ

| 953 UNIVERS CORAL SPRIM | SITY DRIVE IGS, FL 33071 US | 3200 UNIVERSTIY DR PO BOX 8726 Coral Springs, FL 3307 | 5 US | | | ija e Bena mana mana mana mana mana | | 1 | |
|--|---|---|---|------------------|--|--|------------------|---------------------------|--|
| | lace of Business | 3. Mailing Address | | | | | | | |
| Suite, Apt. #, etc. | | HOO EAGLE TRACE BIVD. N. Suite. Apt. #. etc. | | | 00040004 | | | | |
| dato, Apt. | #, 6to. | ouite, Apr. #, otc. | | | 03012004 Chg-NP | CR2E031 | 7 (10/03) | | |
| CORAL SYRINGS, FL. | | CORAL SPR, WEJ, FL. | | . 4 | 4. FEI Number 65-0103456 | | - I | plied For t Applicable | |
| -3 ² 5 v7 | Country BROWARD | Zip Country DROWARD | | 29 | 5. Certificate of Status Desired S8.75 Additional Fee Required | | | | |
| | 6. Name and Address of Current F | 7 | 7. Name and Address of New Registered Agent | | | | | | |
| CYNTHIA | G WHITTLE | | EJa | | | | | | |
| | BRITY PROPERTY MANAGEM | ddress (P.C | rdress (P.O. Box Number is Not Acceptable) | | | | | | |
| | ERSITY DRIVE PRINGS, FL 33071 | | 780 | | w 6 cour | - | | | |
| | | | <u> </u> | <u> </u> | | FL | Zip Code | , | |
| 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 | | | | | | | | | |
| | ions of registered agent | | | • | | 11 1 | | · | |
| | |) | | | | V/15/1 | ρ¥ | | |
| SIGNATURE . | Signature, typed or printed name of registered agent at | nd title if applicable. (NOTE: Re- | gistered Agent signatu | ure required who | en reinstating) | DATE | | | |
| Filing Fee is \$61.25 9. Election Campaign Financing \$5.00 May Be Make check payable to | | | | | | | | | |
| 1 | Filing Fee is \$61.25 Due by May 1, 2004 | Trust Fund Cont | | | 5.00 May Be dded to Fees | Florida Depart | | | |
| 10. | OFFICERS AND DIR | ECTORS | 11. | . ADI | DITIONS/CHANGES TO OF | FICERS AND DIR | ECTORS IN | 10 | |
| TITLE | PD | Delete | TITLE | 0 | 200.000 .000.00 | | ☐ Change | Addition | |
| NAME STREET ADDRESS | MARTIN, FRIEDMAN 1270 NW 19TH MANOR | | NAME STREET ADDRESS | 12.2 a 2 | oman, MICH | CE | | | |
| CITY-ST-ZIP | CORAL SPRINGS, FL | | CITY-ST-ZIP | | LJYRINGJ; FL | | 1 | | |
| TITLE | D | Delete | TITLE | | | | Change | ☐ Addition | |
| NAME | MORROW, HARVEY | | NAME CTREET ADDRESS | | | | | | |
| STREET ADDRESS CITY-ST-ZIP | 12715 NW 19 MANOR CORAL SPRINGS, FL 33071 | | STREET ADDRESS CITY-ST-ZIP | | | | | | |
| . TITLE | D | Delete | TITLE | | | | ☐ Change | Addition | |
| NAME | GOREN, STEVE | , , , , , , , , , , , , , , , , , , | NAME | | ر بيد - دين - دينهاست سب | • • | | | |
| . STREET ADDRESS CITY-ST-ZIP | 12705 NW 21ST PLACE CORAL SPRINGS, FL 33071 | | STREET ADDRESS CITY-ST-ZIP | 1 . | | | | | |
| TITLE | DVP | Delete Delete | TITI F | seci | retary | | ☐ Change | Addition | |
| NAME | DAY, AMBER | | NAME | Ami | BER DAY | 1 | 7 | | |
| STREET ADDRESS | 12721 N.W. 19 MANOR | | STREET ADDRESS CITY-ST-ZIP | 127 | BERDAY 21 NW 1911 al Springs | nanor | / 2 | - | |
| CITY-ST-ZIP | CORAL SPRINGS, FL 33071 | ☐ Defete | TITLE | cor | al springs | 1-LH. 3 | ☐ Change | Addition | |
| NAME | | ☐ Desete | NAME | | | | Onango | | |
| STREET ADDRESS | | | STREET ADDRESS | | | · 📜 | | í | |
| CITY-ST-ZIP. | | | CITY-ST-ZIP | | | | | | |
| TITLE | | ☐ Defete | TITLE NAME | , | | | ☐ Change 1 | ☐ Addition | |
| STREET ADDRESS | | | STREET ADDRESS | | | | 1 | | |
| CITY-ST-ZIP | | | CITY-ST-ZIP | | | | | | |
| | | | | and in Counti | 440 07(0\(\)) Fin-id- Cheb | | te at a the a fa | | |

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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.