

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jan 22, 2007 8:00 am**  
**Secretary of State**

01-22-2007 90075 042 \*\*\*\*61.25

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01042007 Chg-NP CR2E037 (12/06)

<b>DOCUMENT # N28235</b> 1. Entity Name THE GEORGETOWN AT EAGLE TRACE ASSOCIATION, INC.					
Principal Place of Business 11900 EAGLE TRACE BLVD N. CORAL SPRINGS, FL 33071 US			Mailing Address 11900 EAGLE TRACE BLVD N. CORAL SPRINGS, FL 33071 US		
2. Principal Place of Business - No P.O. Box # 1000 EAGLE TRACE BLVD W.		3. Mailing Address 1000 EAGLE TRACE BLVD W.			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State CORAL SPRINGS, FL		City & State CORAL SPRINGS, FL		4. FEI Number 65-0103456	
Zip 33071		Country		Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required			
6. Name and Address of Current Registered Agent  WEINBERG, STEVEN EJA C/O FRANK, WEINBERG, BLACK 7805 SW 6 CT. PLANTATION, FL 33324			7. Name and Address of New Registered Agent  Name  Street Address (P.O. Box Number is Not Acceptable)  City <div style="display: flex; justify-content: space-between;"> <span>FL</span> <span>Zip Code</span> </div>		
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 <u>STEVEN WEINBERG</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
<b>Filing Fee is \$61.25 Due by May 1, 2007</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
<b>Make check payable to Florida Department of State</b>					
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD MARTIN, FRIEDMAN 1270 NW 19TH MANOR CORAL SPRINGS, FL		<input type="checkbox"/> Delete		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D NEWMAN, MICHAEL 12705 NW 21 PLACE CORAL SPRINGS, FL 33071		<input type="checkbox"/> Delete		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	S SHAWTZ, CHRISTINA 2045 NW 127 TERR CORAL SPRINGS, FL 33071		<input type="checkbox"/> Delete		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
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.					
<b>SIGNATURE:</b> <u>Mart. Fried</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					
<small>Date Daytime Phone #</small>					