

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 05, 2007 8:00 am
Secretary of State

04-05-2007 90141 013 ****70.00

DOCUMENT # N32979 1. Entity Name GEORGETOWN COVE PROPERTY OWNERS ASSOCIATION, INC.					
Principal Place of Business P.O. BOX 571 GEORGETOWN, FL 32139			Mailing Address P.O. BOX 571 GEORGETOWN, FL 32139		
2. Principal Place of Business - No P.O. Box #			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		Zip	
Country		Country		4. FEI Number NOT APPLICABLE	
5. Certificate of Status Desired <input checked="" type="checkbox"/>				Applied For Not Applicable	
6. Name and Address of Current Registered Agent FRISKO, JOHN 314 PALM WAY GEORGETOWN, FL 32139				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;"> FL Zip Code </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: <i>John R Frisko</i> 4-2-07 <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reappointing) DATE</small>					
Filing Fee is \$61.25 Due by May 1, 2007		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P FRISKO, JOHN 314 PALM WAY GEORGETOWN, FL 32139		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP LOOMIS, RON 726 PARADISE BLVD GEORGETOWN, FL 32139		TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP Gary Fletcher 215 PALM WAY Georgetown, FL 32139	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST DUFFY, MARIE W 169 POINCIANA LANE ENTERPRISE, FL 32725		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP WALLING, STEVE 169 POINCIANA LANE ENTERPRISE, FL 32725		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<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.					
SIGNATURE: <i>John R Frisko</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			4-2-07 386-698-0841 <small>Date Daytime Phone #</small>		