

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 07, 2008 8:00 am
Secretary of State

03-07-2008 90039 010 ****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	4. FEI Number NOT APPLICABLE	
5. Certificate of Status Desired <input checked="" type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
FRISKO, JOHN 314 PALM WAY GEORGETOWN, FL 32139			Name STEVE WALLING Street Address (P.O. Box Number is Not Acceptable) 168 POINCIANNA LANE City Enterprise FL Zip Code 32725		
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><i>Steve Walling</i></u> 2/27/08 <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE</small>					
Filing Fee is \$61.25 Due by May 1, 2008		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 P NAME FRISKO, JOHN STREET ADDRESS 314 PALM WAY CITY-ST-ZIP GEORGETOWN, FL 32139	<input checked="" type="checkbox"/> Delete		TITLE P NAME STEVE WALLING STREET ADDRESS 169 POINCIANNA LANE CITY-ST-ZIP ENTERPRISE, FL 32725	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE ST NAME DUFFY, MARIE W STREET ADDRESS 169 POINCIANNA LANE CITY-ST-ZIP ENTERPRISE, FL 32725	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE VP NAME WALLING, STEVE STREET ADDRESS 169 POINCIANNA LANE CITY-ST-ZIP ENTERPRISE, FL 32725	<input type="checkbox"/> Delete		TITLE VP NAME JIM SMITH STREET ADDRESS 123 SAND LAKE Rd CITY-ST-ZIP Interlachen, FL 32732	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE VP NAME FLETCHER, GARY STREET ADDRESS 215 PALM WAY CITY-ST-ZIP GEORGETOWN, FL 32139	<input type="checkbox"/> Delete		TITLE VP NAME JIM MIGNARD STREET ADDRESS PO Box 673 CITY-ST-ZIP GEORGETOWN, FL 32139	<input checked="" 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: <u><i>Steve Walling</i></u> 2/27/08 (407) 323-5104 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					