

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N32979

FILED
Feb 23, 2009
Secretary of State

Entity Name: GEORGETOWN COVE PROPERTY OWNERS ASSOCIATION, INC.

Current Principal Place of Business:

P.O. BOX 571
GEORGETOWN, FL 32139

New Principal Place of Business:

527 ROSEWOOD BLVD.
GEORGETOWN, FL 32139

Current Mailing Address:

P.O. BOX 571
GEORGETOWN, FL 32139

New Mailing Address:

FEI Number: **FEI Number Applied For ()** **FEI Number Not Applicable (X)** **Certificate of Status Desired ()**

Name and Address of Current Registered Agent:

WALLING, STEVE
168 POINCI ANNA LANE
ENTERPRISE, FL 32725 US

Name and Address of New Registered Agent:

MIGNARD, JIM
527 ROSEWOOD BLVD.
GEORGETOWN, FL 32139 US

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.

SIGNATURE: JIM MIGNARD

02/23/2009

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: WALLINS, STEVE E
Address: 169 POINCIANNA LANE
City-St-Zip: ENTERPRISE, FL 32725

Title: ST () Delete
Name: DUFFY, MARIE W
Address: 169 POINCIANA LANE
City-St-Zip: ENTERPRISE, FL 32725

Title: VP () Delete
Name: SMITH, JIM
Address: 123 SAND LAKE RD
City-St-Zip: INTERLACHEN, FL 32732

Title: VP () Delete
Name: MIGNARD, JIM
Address: PO BOX 673
City-St-Zip: GEORGETOWN, FL 32139

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: MIGNARD, JIM
Address: 527 ROSEWOOD DR.
City-St-Zip: GEORGETOWN, FL 32139

Title: ST (X) Change () Addition
Name: SMITH, JIM
Address: 123 SAND LAKE RD.
City-St-Zip: INTERLACHEN, FL 32732

Title: VP (X) Change () Addition
Name: GORDON, BOB
Address: 300 REDWOOD BLVD.
City-St-Zip: GEORGETOWN, FL 32139

Title: VP (X) Change () Addition
Name: MELVILLE, SAM
Address: 113 LAKESHORE DR.
City-St-Zip: GEORGETOWN, FL 32139

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JIM MIGNARD

P

02/23/2009

Electronic Signature of Signing Officer or Director

Date