#### **FILE NOW: FILING FEE IS \$61.25**

NONPROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

#### Katherine Harris

Secretary of State
DIVISION OF CORPORATIONS

### DOCUMENT # N9600002939

1. Corporation Name

## THE GEORGETOWN ESTATES/WINTER PARK FOREST HOMEOW NERS ASSOCIATION, INC.

Prin	cipa	i Plac	e o	f Busir	e
821	CHII	PLEY (	COL	IRT	
WIM	TER	PARK	FI	32792	

Mailing Address

821 CHIPLEY COURT WINTER PARK FL 32792

# FILED Mar 11, 1999 8:00 am § Secretary of State

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<del></del> 1	rincipal Place of Business 2a. Mailing Address				<u> </u>	3. Date Incorporated or Qualifed 05/28/1996					
21	44	Suite, Apt. #, etc.			_	4. FEI Numb				Applied	For
Suite, Apt. #, etc.		27 Suite, Apt. #, etc.				59-2804384			· -	Not App	
City & Stat		City & State				1			\$8.7	5 Additio	
¬ • • • • • • • • • • • • • • • • • • •						5. Certifcate			Require		
23				nv	_	6 Clastics (	Campaign Financing		¢5	00 May	
Zip	Country	<del> </del>	Count	,			d Contribution	'	-	led to Fee	
24	9. Name and Address of Current F		30		_		d Address of New	Registered			<del>-</del>
	5. Name and Address of Content	registered Agent	8	1 N	lame				<u> </u>		-
			L								
ROBLES,			8	2 S	treet Addre	ess (P.O. Box N	umber is Not Accep	table)			,
821 CHIPI	EY COURT		-	3				<del></del>			
WINTER P	ARK FL 32792		ľ	3			*				
			8	4 C	ity				85	Zip Code	
								<u> </u>			
office or r agent. I a	to the provisions of Sections 617.0502 a egistered agent, or both, in the State of m familiar with, and accept the obligatio	Florida. Such change was at	uthonzed b	y the	amed corpo corporatio	oration submits t n's board of dire	his statement for the ectors. I hereby acc	e purpose of apt the appoi	cnangin ntment a	g its regis is register	tered ed
SIGNATURE	Signature, typed or printed name of registered agent a	nd title if applicable. (NOTE:	: Registered A	jent sig	nature required	d when reinstating)		DATE			
12.	OFFICERS AND		13.			ADDITION	S/CHANGES TO O	FFICERS AN	ID DIRE	CTORS II	V 12
TITLE	PD	☐ DELETE	1,1 TITLE	7	1)	<u> </u>	1 <b>0</b> 00		Cha	nge 🗀	Addition
NAME	ROBLES, MILDRED		1.2 NAM		~   //	Ma D	e Boer	Λ.		•	
STREET ADDRESS	ANA CHIEF EV COLICE		1.3 STRE	ET ADI	DRESS 3	125 R	aiders	Run		٠,	
	WINTER PARK FL 32792		1.4 CITY		٠. ا		ark. Fl.	3279	<b>'</b> ج		٠.
CITY-ST-ZIP TITLE	VPD	□ DELETE	2.1 TITLE		DA	2004	Paul	<u>, , , , , , , , , , , , , , , , , , , </u>	<b>⊠</b> Cha	nge 🗀	Addition
	ALLEN, JIM	<b>-</b>	2.2 NAM	•		seally		aht 11	ay	•	
NAME	A44 OUTLINE COUNT		2.3 STR		nincee (	620 C	OachKI	9"" ~			
STREET ADDRESS	• • • • • • • • • • • • • • • • • • • •				a W	inter	oach Li Book, Fha	・ 327	92		
CITY-ST-ZIP	WINTER PARK FL 32792	☐ DELETE	2. 4 C/TS 3.1 TITLE	-		مر م طور آ	A. And	- 20	_ □ Cha	nge 🔀	Addition
TITLE	SD SPECIAL CHOAN	□ OCTU	3.2 NAM	-	ואן י	LION	אַן אַן אַן וּ	ersor	1-		
NAME	PRESHA, SUSAN					219 G	wthrie Part 1	٠, ٢٦			
STREET ADDRESS	820 CHIPLEY COURT		3.3 STR		DRESS /	rtes	Park I	/ 322	192		
CITY-ST-ZIP	WINTER PARK FL 32792	DELETE	3.4. CITY			711,700			Cha	nge -	Addition
TITLE	TD,	EN DECESE	4.1 TITL							<del></del>	1 - 14411001
NAME	WAGNER, SHARON		4. 2 NAA	_			-				
STREET ADDRESS	1		4.3 STRI						1.		
CITY-ST-ZIP	WINTER PARK FL 32792		4.4 CITY		P		· ·	<u> </u>			1 A del'aic -
TITLE	D	☐ DELETE	5.1 TITL						☐ Cha	nge _	Addition
NAME	ETHERIDGE, BRUCE		5.2 NAM				•			<i>'</i> .	
STREET ADDRESS	832 APPAHACHEE		5.3 STRI	ET AD	DRESS						
CITY-ST-ZIP	WINTER PARK FL 32792		5.4 CITY		Р			· ·			
TITLE	D	, <b>E</b> DELETE	6.1 TITL	=					Cha	nge , 🗌	] Addition
NAME	LIMA, PETE	•	6.2 NAM	E			:				
STREET ADDRESS			6.3 STR	ETAD	DRESS						
CITY ST 7/D	WINTER PARK EL 32792		6.4 CITY	-ST-ZI	P						

14. 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE

Mild red NAZIFCIEEQ WW. Ellet Director 3/5/9 (401) 678-1388
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER ON DIRECTOR

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER ON DIRECTOR

R2E037 (11/98)