## 2025 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N28235

Entity Name: THE GEORGETOWN AT EAGLE TRACE ASSOCIATION, INC.

FILED
Apr 07, 2025
Secretary of State
4944224945CC

## **Current Principal Place of Business:**

C/O CONSOLIDATED COMMUNITY MANAGEMENT 851 BROKEN SOUND PARKWAY NW SUITE 102 BOCA RATON, FL 33487

## **Current Mailing Address:**

C/O GRANT PROPERTY MANAGEMENT 7124 NORTH NOB HILL ROAD TAMARAC, FL 33321 US

FEI Number: 65-0103456 Certificate of Status Desired: No

## Name and Address of Current Registered Agent:

VALANCY & REED, P.A. 310 SE 13 STREET FORT LAUDERDALE, FL 33316 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:

City-State-Zip:

Electronic Signature of Registered Agent

Officer/Director Detail:

Title PRESIDENT Title SECRETARY, TREASURER

Name AGUIRRE, PAOLA Name KALISH, ESTHER

Address C/O GRANT PROPERTY Address C/O GRANT PROPERTY

MANAGEMENT MANAGEMENT

7124 NORTH NOB HILL ROAD 7124 NORTH NOB HILL ROAD

TAMARAC FL 33321 City-State-Zip: TAMARAC FL 33321

Title DIRECTOR Title DIRECTOR

Name JIMINEZ, EDWARD Name ALDRIDGE, ROGER

Address C/O GRANT PROPERTY Address C/O GRANT PROPERTY

MANAGEMENT MANAGEMENT

7124 NORTH NOB HILL ROAD 7124 NORTH NOB HILL ROAD

City-State-Zip: TAMARAC FL 33321 City-State-Zip: TAMARAC FL 33321

I hereby 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 all other like empowered.

Electronic Signature of Signing Officer/Director Detail

Date