

# FILE NOW: FILING FEE IS \$61.25

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
**1996**



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

**DOCUMENT # N92000000096 (9)**

1. Corporation Name

**GOVERNOR'S WALK HOMEOWNERS ASSOCIATION, INC.**



Principal Place of Business

Mailing Address

7686 WILES ROAD  
CORAL SPRINGS FL 33062  
US

P.O. BOX 77-2951  
CORAL SPRINGS FL 33077

3. Date Incorporated or Qualified

11/03/1992

3a. Date of Last Report

01/27/1995

2. Principal Place of Business

2a. Mailing Address

21

26

4. FEI Number

65-0384321

Applied For

Not Applicable

5. Certificate of Status Desired

☐

**\$8.75 Additional  
Fee Required**

6. Election Campaign Financing  
Trust Fund Contribution

☐

**\$5.00 May Be  
Added to Fees**

8. This corporation has liability for intangible tax under s. 199.032,  
Florida Statutes

☒ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

MILES, JAMES R.  
7686 WILES ROAD  
CORAL SPRINGS FL 33062

81 Name

Jeffrey Grossman

82 Street Address (P.O. Box Number is Not Acceptable)

533 NW 87 Way

83

84 City

Coral Springs

FL

85 Zip Code

33077

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

*[Signature]* Director

2/19/96

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE ☒ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP  
RD  
GREENE, ARLENE  
P.O. BOX 2951 N/A  
CRAL SPRINGS FL 33077

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP  
VD  
PALOMBO, JERRY  
P.O. BOX 2951 N/A  
CRAL SPRINGS FL 33077

TITLE ☒ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP  
SD  
AMARI, DEIDRE  
P.O. BOX 2951 N/A  
CRAL SPRINGS FL 33077

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP  
TD  
GROSSMAN, JEFF  
P.O. BOX 2951 N/A  
CRAL SPRINGS FL 33077

TITLE ☒ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP  
D  
TAYLOR, GREG  
P.O. BOX 2951 N/A  
CRAL SPRINGS FL 33077

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

Vice President/Director ☐ Change ☒ Addition

Tim Mc Loughlin

P.O. Box 772951

Coral Springs FL 33077

President ☒ Change ☐ Addition

Ken Furman

P.O. Box 772951

Coral Springs FL 33077

Secretary Director ☐ Change ☒ Addition

John Hurrell

P.O. Box 772951

Coral Springs FL 33077

☐ Change ☐ Addition

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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 changed, or on an attachment with an address.

SIGNATURE:

*[Signature]*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/19/96

Date

454-163-8100

Daytime Phone #

CR2E037 (12/95)