

**2008 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 21, 2008 08:00 AM
Secretary of State

DOCUMENT # N97000006354	
1. Entity Name GOVERNOR'S PLANTATION, UNIT 1 HOMEOWNERS' ASSOCIATION, INC.	
Principal Place of Business 3545 U.S. HWY. 1 SOUTH ST. AUGUSTINE, FL 32086	Mailing Address 461 A1A BEACH BLVD SAINT AUGUSTINE, FL 32080



01222008 No Chg-NP CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-3624555	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent JACOBS, PHILIP H 461 A1A BEACH BLVD SAINT AUGUSTINE, FL 32080	DO NOT WRITE IN THIS SPACE
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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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

**Filing Fee is \$61.25
Due by May 1, 2008**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be
Added to Fees**

000000834356
02/29/08-80050-010 61.25

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD BUSAM, FRANK 520 OLD GOVERNORS WAY ST. AUGUSTINE, FL 32086
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD BUSBY, TIFFANY 409 PLANTATION GROVE LN ST. AUGUSTINE, FL 32086
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD CUNNINGHAM, GARY 375 OLD PLANTATION DR ST. AUGUSTINE, FL 32086
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD SHAW, JASON 349 OLD PLANTATION DR SAINT AUGUSTINE, FL 32086
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DIMARE, FRANK 3545 US HWY 1 SOUTH SAINT AUGUSTINE, FL 32086
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DAVIS, RICHARD 3289 KINGS RD SOUTH SAINT AUGUSTINE, FL 32086

**DO NOT WRITE
IN THIS SPACE**

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: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #