

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N97000006354

FILED  
Jan 29, 2009  
Secretary of State

**Entity Name:** GOVERNOR'S PLANTATION, UNIT 1 HOMEOWNERS' ASSOCIATION, INC.

**Current Principal Place of Business:**

3545 U.S. HWY. 1 SOUTH  
ST. AUGUSTINE, FL 32086

**New Principal Place of Business:**

**Current Mailing Address:**

461 A1A BEACH BLVD  
SAINT AUGUSTINE, FL 32080

**New Mailing Address:**

**FEI Number:** 59-3624555

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

JACOBS, PHILIP H  
461 A1A BEACH BLVD  
SAINT AUGUSTINE, FL 32080 US

**Name and Address of New Registered Agent:**

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:

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: PD (X) Delete  
Name: BUSAM, FRANK  
Address: 520 OLD GOVERNORS WAY  
City-St-Zip: ST. AUGUSTINE, FL 32086

Title: VPD (X) Delete  
Name: BUSBY, TIFFANY  
Address: 409 PLANTATION GROVE LN  
City-St-Zip: ST. AUGUSTINE, FL 32086

Title: SD ( ) Delete  
Name: CUNNINGHAM, GARY  
Address: 375 OLD PLANTATION DR  
City-St-Zip: ST. AUGUSTINE, FL 32086

Title: TD ( ) Delete  
Name: SHAW, JASON  
Address: 349 OLD PLANTATION DR  
City-St-Zip: SAINT AUGUSTINE, FL 32086

Title: D ( ) Delete  
Name: DIMARE, FRANK  
Address: 3545 US HWY 1 SOUTH  
City-St-Zip: SAINT AUGUSTINE, FL 32086

Title: D (X) Delete  
Name: DAVIS, RICHARD  
Address: 3289 KINGS RD SOUTH  
City-St-Zip: SAINT AUGUSTINE, FL 32086

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: PD (X) Change ( ) Addition  
Name: SHAW, JASON  
Address: 349 OLD PLANTATION DR  
City-St-Zip: SAINT AUGUSTINE, FL 32086

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

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: JASON SHAW

P

01/29/2009

Electronic Signature of Signing Officer or Director

Date