

**2016 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N97000006354

**Entity Name:** GOVERNOR'S PLANTATION, UNIT 1 HOMEOWNERS' ASSOCIATION, INC.**FILED**  
**Jan 21, 2016**  
**Secretary of State**  
**CC0234380341****Current Principal Place of Business:**3545 U.S. HWY. 1 SOUTH  
ST. AUGUSTINE, FL 32086**Current Mailing Address:**461 A1A BEACH BLVD.  
C/O SOVEREIGN-JACOBS  
SAINT AUGUSTINE, FL 32080**FEI Number: 59-3624555****Certificate of Status Desired: No****Name and Address of Current Registered Agent:**LUMPKIN, ELLEN  
461 A1A BEACH BLVD  
SAINT AUGUSTINE, FL 32080 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:**\_\_\_\_\_  
Electronic Signature of Registered Agent\_\_\_\_\_  
Date**Officer/Director Detail :**

Title	DIRECTOR
Name	SHEPHERD, DENNIS
Address	C/O SOVEREIGN & JACOBS 461 A1A BEACH BLVD.
City-State-Zip:	ST. AUGUSTINE FL 32080

Title	DIRECTOR
Name	DIMARE, FRANK
Address	C/O SOVEREIGN & JACOBS 461 A1A BEACH BLVD.
City-State-Zip:	ST. AUGUSTINE FL 32080

Title	PRESIDENT
Name	GODFREY, STEVE
Address	C/O SOVEREIGN & JACOBS 461 A1A BEACH BLVD.
City-State-Zip:	ST. AUGUSTINE FL 32080

Title	VP
Name	GALLAGHER, LES
Address	C/O SOVEREIGN & JACOBS 461 A1A BEACH BLVD.
City-State-Zip:	ST. AUGUSTINE FL 32080

*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.*

**SIGNATURE: STEVE GODFREY****PRESIDENT****01/21/2016**\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail\_\_\_\_\_  
Date