

**2002 UNIFORM BUSINESS REPORT (UBR)****FILED****Apr 17, 2002 8:00 am**  
**Secretary of State**

04-17-2002 90107 019 \*\*\*\*61.25

**DOCUMENT # 759980**

1. Entity Name

**GOVERNOR'S WALK CONDOMINIUM OWNERS ASSOCIATION, INC.**

Principal Place of Business

2305 46TH AVE. WEST  
SUITE 109  
BRADENTON FL 34207  
US

Mailing Address

5005 W. LAUREL ST.  
STE 206  
TAMPA FL 33607  
US

2. Principal Place of Business

3. Mailing Address

4815 E. BUSCH BLVD.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

SUITE 208

City &amp; State

City &amp; State

TAMPA FL

Zip

Country

Zip

Country

33617

USA

4. FEI Number

59-2131332

Applied For

Not Applicable

5. Certificate of Status Desired ☐\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

GORDON DAVID B  
5005 W LAUREL ST SUITE 206  
TAMPA FL 33607

Name

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

4815 E. BUSCH BLVD SUITE 208

City

TAMPA

FL

Zip Code

33617

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.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW: FEE IS \$61.25**9. Election Campaign Financing  
Trust Fund Contribution. ☐\$5.00 May Be  
Added to Fees**Make Check Payable to  
Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	PD	<input type="checkbox"/> Delete
NAME	GREENBERG, STEPHEN	
STREET ADDRESS	5005 W. LAUREL ST., #206	
CITY-ST-ZIP	TAMPA FL 33607	
TITLE	STD	<input type="checkbox"/> Delete
NAME	GORDON, DAVID B.	
STREET ADDRESS	5005 W. LAUREL ST., STE 206	
CITY-ST-ZIP	TAMPA FL 33607	
TITLE	D	<input type="checkbox"/> Delete
NAME	STARKER, CHAYA	
STREET ADDRESS	5005 W LAUREL ST.. #206	
CITY-ST-ZIP	TAMPA FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	4815 E. BUSCH BLVD. SUITE 208	
CITY-ST-ZIP	TAMPA, FL 33617	
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	4815 E. BUSCH BLVD. SUITE 208	
CITY-ST-ZIP	TAMPA, FL 33617	
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	4815 E. BUSCH BLVD. SUITE 208	
CITY-ST-ZIP	TAMPA, FL 33617	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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  
SIGNATURE OF DAVID B. GORDON

Date

Daytime Phone #

4/8/02

813 287 0798

CR2E037 (9/01)