
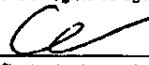
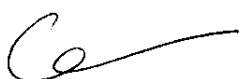


FILED  
May 23, 2007 8:00 am  
Secretary of State

04-30-2007 90840 003 \*\*\*\*61.25

2007 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT

<b>DOCUMENT # 759980</b>			
1. Entity Name <b>GOVERNOR'S WALK CONDOMINIUM OWNERS ASSOCIATION, INC.</b>			
Principal Place of Business <b>2305 46TH AVE. WEST SUITE 109 BRADENTON, FL 34207 US</b>		Mailing Address <b>4815 E. BUSCH BLVD SUITE 208 TAMPA, FL 33617 US</b>	
2. Principal Place of Business - No P.O. Box #		3. Mailing Address <b>14502 N. Dale Mabry Suite, Apt. #, etc. Suite 200 City &amp; State Tampa, FL Zip 33618 Country USA</b>	
Suite, Apt. #, etc.		03302007 Chg-NP CR2E037 (12/06)	
City & State		4. FEI Number <b>59-2131332</b>	
Zip		Applied For Not Applicable	
Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent <b>GORDON DAVID B 4815 E BUSCH BLVD SUITE 208 TAMPA, FL 33617</b>		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) <b>14502 N. Dale Mabry Suite 200 City Tampa FL Zip Code 33618</b>	
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  <b>DAVID GORDON, Agent</b> DATE <b>4/27/07</b> <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reappointing)</small>			
Filing Fee is \$61.25 Due by May 1, 2007		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
Make check payable to Florida Department of State			
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD GREENBERG, STEPHEN 4815 E. BUSCH BLVD. SUITE 208 TAMPA, FL 33607 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>14502 N. Dale Mabry, Ste 200 Tampa, FL 33618</b>
TITLE NAME STREET ADDRESS CITY - ST - ZIP	STD GORDON, DAVID B 4815 E. BUSCH BLVD. SUITE 208 TAMPA, FL 33607 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>14502 N. Dale Mabry, Ste 200 Tampa, FL 33618</b>
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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 as an attachment with an address with all other like empowered.			



DAVID GORDON

5/21/07