## 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DO NOT WRITE IN THIS SPACE

## **DOCUMENT #759980**

1. Entity Name

GOVERNOR'S WALK CONDOMINIUM OWNERS ASSOCIATION, INC.



FILED
Apr 18, 2008 08:00 A
Secretary of State

Principal Place of Business

2305 46TH AVE. WEST

SUITE 109

BRADENTON, FL 34207 U

Mailing Address

14502 N DALE MABRY

SUITE 200

TAMPA, FL 33618 US

•



03272008 No Chg-NP

CR2E037 (4/06)

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

GORDON DAVID B 14502 N DALE MABRY SUITE 200 TAMPA, FL 33618

## DO NOT WRITE IN THIS SPACE

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.

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

(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

- U000000906885 Z05Z08-80016-009 - 61

OFFICERS AND DIRECTORS 10. TITLE NAME GREENBERG, STEPHEN STREET ADDRESS 14502 N DALE MABRY STE 200 CITY-ST-ZIP TAMPA, FL 33618 TITLE STD NAME GORDON, DAVID B STREET ADDRESS 14502 N DALE MABRY STE 200 CITY-ST-ZIP TAMPA, FL 33618 TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE STREET ADDRESS CITY+ST-ZIP NAME STREET ADDRESS CITY-ST-ZIP TITLE STREET ADDRESS CITY-ST-ZIP

DO NOT WRITE IN THIS SPACE

12. Thereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. If 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

108/08

913, 297, 1078

Daylima Phone /