

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 762094

FILED
Apr 23, 2008
Secretary of State

Entity Name: GOVERNORS POINT TOWNHOMES HOMEOWNERS' ASSOCIATION, INC.

Current Principal Place of Business:

225 S WESTMONTE DRIVE,
#3310
ALTAMONTE SPRINGS, FL 32714 US

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 162147
ALTAMONTE SPRINGS, FL 327162147 US

New Mailing Address:

FEI Number: 59-2266298

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

WOMACK, ELLEN R
225 S. WESTMONTE DRIVE
#3310
ALTAMONTE SPRINGS, FL 32714 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: DVP () Delete
Name: MEYERS, NANCY
Address: 419 EVESHAM PLACE
City-St-Zip: LONGWOOD, FL 32779

Title: PD () Delete
Name: MEYER, TOM
Address: 379 WINCHESTER PLACE
City-St-Zip: LONGWOOD, FL 32779

Title: TD () Delete
Name: SIMPSON, BARBARA
Address: 446 EVESHAM PLACE
City-St-Zip: LONGWOOD, FL 32779

Title: DS () Delete
Name: LOURENZI, MIKE
Address: 445 STANTON PLACE
City-St-Zip: LONGWOOD, FL 32779

Title: D () Delete
Name: WELLS, TOM
Address: 440 STANTON PLACE
City-St-Zip: LONGWOOD, FL 32779

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

Title: TD (X) Change () Addition
Name: WALTERS, CARRELL S
Address: 441 STANTON PLACE
City-St-Zip: LONGWOOD, FL 32779

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: TOM MEYER

PD

04/23/2008

Electronic Signature of Signing Officer or Director

Date