
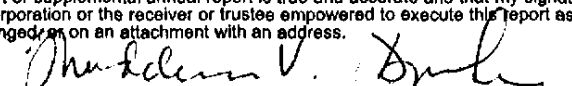


SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998.
AMOUNT DUE ON OR BEFORE 09/30/98: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

FILED
Sep 10 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998				FLORIDA DEPARTMENT OF STATE Sandra B. Northam Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # 769403 (7)					
1. Corporation Name GOVERNOR'S COURT HOMEOWNERS ASSOCIATION, INC.					
Principal Place of Business 230 JOHN KNOX ROAD STE. 2 TALLAHASSEE FL 32302 US			Mailing Address 230 JOHN KNOX ROAD SUITE 2 TALLAHASSEE FL 32303 US		
2. Principal Place of Business 21		2a. Mailing Address 26		3. Date Incorporated or Qualified 07/15/1983	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number 59-2878527	
City & State 22		City & State 27		Applied For Not Applicable	
Zip 23		Zip 28		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
Country 24		Country 30		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
9. Name and Address of Current Registered Agent DRAKE, THADDEUS V. 3701 LAKE CHARLES DRIVE TALLAHASSEE FL 32308				7. Is this nonprofit corporation a homeowners association? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
11. Pursuant to the provisions of sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, section 617.0503, Florida Statutes.				8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
SIGNATURE Signature, typed or printed name of registered agent and title if applicable.				10. Name and Address of New Registered Agent	
(NOTE: Registered Agent signature required when reinstating)				DATE	
12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE <input type="checkbox"/> DELETE				1.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME DRAKE, THADDEUS V				1.2 NAME	
STREET ADDRESS 3701 LAKE CHARLES DRIVE				1.3 STREET ADDRESS	
CITY-ST-ZIP TALLAHASSEE FL				1.4 CITY-ST-ZIP	
2.1 TITLE <input type="checkbox"/> DELETE				2.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME DRAKE, ROBERTA V				2.2 NAME	
STREET ADDRESS 2044 THOMASVILLE ROAD				2.3 STREET ADDRESS	
CITY-ST-ZIP TALLAHASSEE FL 32312				2.4 CITY-ST-ZIP	
3.1 TITLE <input type="checkbox"/> DELETE				3.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME SIMMONS, ELIZABETH				3.2 NAME	
STREET ADDRESS 2513 WHISPER WAY				3.3 STREET ADDRESS	
CITY-ST-ZIP TALLAHASSEE FL				3.4 CITY-ST-ZIP	
4.1 TITLE <input type="checkbox"/> DELETE				4.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME				4.2 NAME	
STREET ADDRESS				4.3 STREET ADDRESS	
CITY-ST-ZIP				4.4 CITY-ST-ZIP	
5.1 TITLE <input type="checkbox"/> DELETE				5.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME				5.2 NAME	
STREET ADDRESS				5.3 STREET ADDRESS	
CITY-ST-ZIP				5.4 CITY-ST-ZIP	
6.1 TITLE <input type="checkbox"/> DELETE				6.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME				6.2 NAME	
STREET ADDRESS				6.3 STREET ADDRESS	
CITY-ST-ZIP				6.4 CITY-ST-ZIP	
14. 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.					
SIGNATURE: 					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR THADDEUS V. DRAKE					
Date 9/8/98 Daytime Phone # 850/386-6611					

CR2E037 (5/98)