

**2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 769403

**FILED**  
**Apr 26, 2004**  
**Secretary of State****Entity Name:** GOVERNOR'S COURT HOMEOWNERS ASSOCIATION, INC.**Current Principal Place of Business:**1154 GOVERNORS CT PL  
TALLAHASSEE, FL 32301 US**New Principal Place of Business:****Current Mailing Address:**1154 GOVERNORS CT PL  
TALLAHASSEE, FL 32301 US**New Mailing Address:****FEI Number:** 59-2878527**FEI Number Applied For ( )****FEI Number Not Applicable ( )****Certificate of Status Desired ( )****Name and Address of Current Registered Agent:**SAXON, KENNETH M CPA  
1154 GOVERNORS CT PL  
TALLAHASSEE, FL 32301 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: DPT ( ) Delete  
Name: SAXON, KEN  
Address: 1154 GOVERNORS CT PL  
City-St-Zip: TALLAHASSEE, FL 32301 US

Title: DVP ( ) Delete  
Name: GARCIA, JASON  
Address: 3078 REED LANE  
City-St-Zip: TALLAHASSEE, FL 32301

Title: DS ( ) Delete  
Name: FARMARCO, HIEDE  
Address: 1158 SUPREME COURT  
City-St-Zip: TALLAHASSEE, FL 32301

Title: D ( ) Delete  
Name: YOSE, BLAINE  
Address: 3079 JUSTICE LANE  
City-St-Zip: TALLAHASSEE, FL 32301

Title: D (X) Delete  
Name: DRAGOVITSCH, PETER  
Address: 1152 SUPREME COURT  
City-St-Zip: TALLAHASSEE, FL 32301

Title: D ( ) Delete  
Name: FROHM, TERRENCE  
Address: 1155 SUPREME COURT  
City-St-Zip: TALLAHASSEE, FL 32301

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

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

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

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

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

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 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 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: KENNETH M SAXON

DPT

04/26/2004

Electronic Signature of Signing Officer or Director

Date