2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 21, 2009
Secretary of State

DOCUMENT# 770412

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

Current Principal Place of Business:

2180 W 434
SUITE 5000
LONGWOOD, FL 327795044

New Principal Place of Business:

Current Mailing Address:

2180 W 434
SUITE 5000
LONGWOOD, FL 327795044

New Mailing Address:

FEI Number: 59-2645767 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

HART, JAMES W JR
SENTRY MANAGEMENT INC
2180 WEST SR 434 SUITE 5000
LONGWOOD, FL 327795044 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: PD ( ) Delete
Name: THOMPSON, KATHY
Address: 460 NEWTON PLACE
City-St-Zip: LONGWOOD, FL 32779

Title: VPD ( ) Delete
Name: ARCHAMBAULT, JAMIE
Address: 571 ALBANY PLACE
City-St-Zip: LONGWOOD, FL 32779

Title: SD ( ) Delete
Name: MESKELL, PATRICK
Address: 455 NEWTON PL
City-St-Zip: LONGWOOD, FL 32779

Title: TD ( ) Delete
Name: DISCHLEY, DEBBIE
Address: 384 NEWTON PLACE
City-St-Zip: LONGWOOD, FL 32779

Title: D (X) Delete
Name: WILLIAMS, GERRY
Address: 388 NEWTON PL
City-St-Zip: LONGWOOD, FL 32779

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change ( ) Addition
Name: BONNER, JOHN
Address: 585 ALBANY PL
City-St-Zip: LONGWOOD, FL 32779

Title: VPD (X) Change ( ) Addition
Name: DUMAS, CHRIS
Address: 3360 STERLING RIDGE CT
City-St-Zip: LONGWOOD, FL 32779

Title: SD (X) Change ( ) Addition
Name: SCHILLINGER, STEVE
Address: 431 NEWTON PL
City-St-Zip: LONGWOOD, FL 32779

Title: TD (X) Change ( ) Addition
Name: FUSARO, RICHARD
Address: 569 ALBANY PL
City-St-Zip: LONGWOOD, FL 32779

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: JOHN BONNER PD 04/21/2009

Electronic Signature of Signing Officer or Director — Date