

**2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED  
Mar 12, 2009  
Secretary of State**

DOCUMENT# N03546

Entity Name: CONDOMINIUM OWNERS ASSOCIATION OF GOVERNORS ISLAND, INC.

**Current Principal Place of Business:**

**New Principal Place of Business:**

C/O BENSON'S, INC  
12650 WHITEHALL DR  
FORT MYERS, FL 33907 US

**Current Mailing Address:**

**New Mailing Address:**

C/O BENSON'S, INC  
12650 WHITEHALL DR  
FORT MYERS, FL 33907 US

FEI Number: 59-2647332      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

**Name and Address of New Registered Agent:**

VANDALL, BONITA D  
12650 WHITEHALL DR  
FORT MYERS, FL 33907 US

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:**

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

Title: PD ( ) Delete  
Name: DEVORE, BARBARA  
Address: 5474 GOVERNORS DR  
City-St-Zip: FORT MYERS, FL 33907

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

Title: SD ( ) Delete  
Name: AILLEN, DONKE  
Address: 5290 CONCORD WAY  
City-St-Zip: FORT MYERS, FL 33907

Title: SD (X) Change ( ) Addition  
Name: AILLEN, DOANE  
Address: 5290 CONCORD WAY  
City-St-Zip: FORT MYERS, FL 33907

Title: TD ( ) Delete  
Name: MRAZ, JOYCE  
Address: 5398 ASHTON CIR  
City-St-Zip: FORT MYERS, FL 33907

Title: D (X) Change ( ) Addition  
Name: O'NEIL, JAMES  
Address: 5348 GOVERNORS DRIVE  
City-St-Zip: FORT MYERS, FL 33907

Title: VD ( ) Delete  
Name: BARTOE, ELEANOR  
Address: 5410 ASHTON CIR  
City-St-Zip: FORT MYERS, FL 33907

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

Title: D ( ) Delete  
Name: MIRNICK, ROBERTA  
Address: 5504 GOVENORS DR.  
City-St-Zip: FORT MYERS, FL 33907

Title: D (X) Change ( ) Addition  
Name: MIRNICK, ROBERTA  
Address: 5504 GOVENORS DR.  
City-St-Zip: FORT MYERS, FL 33907

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: BARBARA DEVORE

PRES

03/12/2009

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date