

# 2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03546

FILED  
Apr 14, 2010  
Secretary of State

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

**Current Principal Place of Business:**

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

**New Principal Place of Business:**

**Current Mailing Address:**

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

**New Mailing Address:**

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

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

VANDALL, BONITA D  
12650 WHITEHALL DR  
FORT MYERS, FL 33907 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  
Name: DEVORE, DARRELL  
Address: 5474 GOVERNORS DR  
City-St-Zip: FORT MYERS, FL 33907

Title: TD  
Name: AILLEN, DOANE  
Address: 5290 CONCORD WAY  
City-St-Zip: FORT MYERS, FL 33907

Title: SD  
Name: REGISTER, ROBERT  
Address: 5321 CONCORD WAY  
City-St-Zip: FORT MYERS, FL 33907

Title: D  
Name: HOGAN, KATHERINE  
Address: 5494 GOVERNORS DR  
City-St-Zip: FORT MYERS, FL 33907

Title: VD  
Name: MITNICK, ROBERTA  
Address: 5504 GOVENORS DR.  
City-St-Zip: FORT MYERS, FL 33907

I hereby 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 all other like empowered.

SIGNATURE: DARRELL DEVORE

PRES

04/14/2010

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date