

2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03546

FILED
Jan 06, 2012
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:

C/O ASSOCIA GULF COAST
12650 WHITEHALL DR
FORT MYERS, FL 33907 US

Current Mailing Address:

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

New Mailing Address:

C/O ASSOCIA GULF COAST
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:

BENSON'S, INC.
12650 WHITEHALL DR
FORT MYERS, FL 33907 US

Name and Address of New Registered Agent:

ASSOCIA GULF COAST
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: MICHAEL YELTON

01/06/2012

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD
Name: REGISTER, ROBERT
Address: 12650 WHITEHALL DRIVE
City-St-Zip: FORT MYERS, FL 33907

Title: TD
Name: TREVINO, JEFFREY
Address: 12650 WHITEHALL DRIVE
City-St-Zip: FORT MYERS, FL 33907

Title: VD
Name: RUF, MERCEDES
Address: 12650 WHITEHALL DRIVE
City-St-Zip: FORT MYERS, FL 33907

Title: SD
Name: GIOINO, ROSALIE
Address: 12650 WHITEHALL DRIVE
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: ROBERT REGISTER

PRES

01/06/2012

Electronic Signature of Signing Officer or Director

Date