2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 07, 2009
Secretary of State

DOCUMENT# N06000000300

Entity Name: GOVERNORS INN CONDOMINIUM ASSOCATION INC.

Current Principal Place of Business:

209 S ADAMS ST
TALLAHASSEE, FL 32301

New Principal Place of Business:

Current Mailing Address:

209 S ADAMS ST
TALLAHASSEE, FL 32301

New Mailing Address:

FEI Number: 20-4239854 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

CHILES, LAWTON III
209 S ADAMS ST
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: PD ( ) Delete
Name: CHILES, LAWTON III
Address: 209 S ADAMS ST
City-St-Zip: TALLAHASSEE, FL 32301

Title: VPD ( ) Delete
Name: CHILES, KATHERINE
Address: 209 S ADAMS ST
City-St-Zip: TALLAHASSEE, FL 32301

Title: STD ( ) Delete
Name: ABERNETHY, TODD
Address: 209 S ADAMS ST
City-St-Zip: TALLAHASSEE, FL 32301

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: VPD (X) Change ( ) Addition
Name: PADGETT, ERNEST
Address: 209 S ADAMS ST
City-St-Zip: TALLAHASSEE, FL 32301

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: LAWTON CHILES PD 04/07/2009

Electronic Signature of Signing Officer or Director — Date