

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

4/10/2008-90020-028-\$61.25-\$61.25

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

08 MAY 13 PM 12:41

<b>DOCUMENT # N07000003324</b>					
<b>1. Entity Name</b> GOVERNOR'S POINTE HOMEOWNERS ASSOCIATION, INC.					
<b>Principal Place of Business</b> 3620 PEORIA ROAD ORANGE PARK, FL 32065			<b>Mailing Address</b> 3620 PEORIA ROAD ORANGE PARK, FL 32065		
<b>2. Principal Place of Business - No P.O. Box #</b>		<b>3. Mailing Address</b>			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	<b>4. FEI Number</b>	
<b>5. Certificate of Status Desired</b> <input type="checkbox"/>				<b>\$8.75 Additional Fee Required</b>	
<b>6. Name and Address of Current Registered Agent</b>  MOSS, JOHN B 1530 BUSINESS CENTER DRIVE STE 4 ORANGE PARK, FL 32003			<b>7. Name and Address of New Registered Agent</b> Name _____ Street Address (P.O. Box Number is Not Acceptable) _____ City _____ <b>FL</b> Zip Code _____		
<b>8. 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. I am familiar with, and accept the obligations of registered agent.</b>					
<b>SIGNATURE</b> _____ (NOTE: Registered Agent signature required when resigning) <span style="float: right;">DATE _____</span>					
<b>Filing Fee is \$61.25 Due by May 1, 2008</b>		<b>9. Election Campaign Financing Trust Fund Contribution.</b> <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
<b>10. OFFICERS AND DIRECTORS</b>					
<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	DPS WRIGHT, L. JOHN SR <span style="float: right;"><input type="checkbox"/> Delete</span> 3620 PEORIA ROAD ORANGE PARK, FL 32065				
<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	VS <span style="float: right;"><input checked="" type="checkbox"/> Delete</span> WRIGHT, CHRISTINE 3620 PEORIA ROAD ORANGE PARK, FL 32065				
<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	<span style="float: right;"><input type="checkbox"/> Delete</span>				
<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	<span style="float: right;"><input type="checkbox"/> Delete</span>				
<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	<span style="float: right;"><input type="checkbox"/> Delete</span>				
<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	<span style="float: right;"><input type="checkbox"/> Delete</span>				
<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>					
<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	<span style="float: right;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</span>				
<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	<span style="float: right;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</span>				
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<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	<span style="float: right;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</span>				
<b>12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.</b>					
<b>SIGNATURE:</b> <span style="float: right;">L. JOHN WRIGHT, SR. 1/25/08 904-276-3011</span>					

5/13/08