

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 29, 2007 8:00 am
Secretary of State

01-29-2007 90072 032 ****61.25

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01092007 Chg-NP CR2E037 (12/06)

DOCUMENT # N08902			
1. Entity Name GOVERNORS LANDING HOMEOWNERS ASSOCIATION, INC.			
Principal Place of Business MARTIN BROWN 8395 SE GOVERNOR'S WAY HOBE SOUND, FL 33455 US		Mailing Address GLHOA PO BOX 2022 HOBE SOUND, FL 33475 US	
2. Principal Place of Business, No P.O. Box # Kellie Ciotti Suite, Apt # etc 8000 S.E. Waterway Dr. City & State Hobe Sound, FL Zip 33455 Country U.S.		3. Mailing Address Suite, Apt # etc City & State Zip Country	
4. FEI Number 65-0076866		Applied For ☐ Not Applicable	
5. Certificate of Status Desired ☐		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent BROWN, MARTIN 8395 SE GOVERNOR'S WAY HOBE SOUND, FL 33455		7. Name and Address of New Registered Agent Name Kellie Ciotti Street Address (P.O. Box Number is Not Acceptable) 8000 S.E. Waterway Dr. City Hobe Sound FL Zip Code 33455	
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. SIGNATURE: <u>Kellie A. Ciotti</u> 1-23-07 Signature used or printed name of registered agent and title is acceptable. NAME, registered agent, signature required after filing.			
Filing Fee is \$61.25 Due by May 1, 2007		9. Election Campaign Financing Trust Fund Contribution ☐ \$5.00 May Be Added to Fees	
Make check payable to Florida Department of State			
10. OFFICERS AND DIRECTORS		11. ADDITIONS, CHANGES TO OFFICERS AND DIRECTORS IN '06	
TITLE NAME STREET ADDRESS CITY, ST, ZIP	PD BROWN, MARTIN 8395 SE GOVERNOR'S WAY HOBE SOUND, FL 33455 ☒ Delete	TITLE NAME STREET ADDRESS CITY, ST, ZIP	PD Kellie Ciotti 8000 S.E. Waterway Dr. Hobe Sound, FL 33455 ☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY, ST, ZIP	VP RIDDEL, SHAWN 8196 SE GOVERNOR'S WAY HOBE SOUND, FL 33455 ☒ Delete	TITLE NAME STREET ADDRESS CITY, ST, ZIP	VP Robert Massie 8374 S.E. Lagoon Dr. Hobe Sound, FL 33455 ☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY, ST, ZIP	SD SCHNEIDER, MIKE 8315 SE GOVERNOR'S WAY HOBE SOUND, FL 33455 ☒ Delete	TITLE NAME STREET ADDRESS CITY, ST, ZIP	SD Debi Schneider 8315 S.E. Governor's Way Hobe Sound, FL 33455 ☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY, ST, ZIP	TD MASSIE, ROBERT 8374 SE LAGOON DR HOBE SOUND, FL 33455 ☒ Delete	TITLE NAME STREET ADDRESS CITY, ST, ZIP	TD Michael Dooley 8454 S.E. Lagoon Dr. Hobe Sound, FL 33455 ☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY, ST, ZIP	D TYLER, ED 8276 SE GOVERNOR'S WAY HOBE SOUND, FL 33455 ☒ Delete	TITLE NAME STREET ADDRESS CITY, ST, ZIP	D Patrice Smith 8394 S.E. Lagoon Dr. Hobe Sound, FL 33455 ☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY, ST, ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY, ST, ZIP	☐ Change ☐ Addition
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 "C" or Block "D" if changed or on an attachment, with an address, with all other like empowered.			
SIGNATURE: <u>Kellie A. Ciotti</u>		SIGNATURE: <u>Kellie A. Ciotti</u> 1-24-07	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	

(772) 486-0699