

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 18, 2008 8:00 am
Secretary of State

01-18-2008 90006 039 ****61.25

DOCUMENT # N08902					
1. Entity Name GOVERNORS LANDING HOMEOWNERS ASSOCIATION, INC.					
Principal Place of Business KELLI CIOTTI 8000 SE WATERWAY DR 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 # 8275 S.E. Governor's Way		3. Mailing Address Suite, Apt. #, etc.			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State Hobe Sound, FL		City & State			
Zip 33455		Country USA		4. FEI Number 65-0076866	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required				Applied For Not Applicable	
6. Name and Address of Current Registered Agent CIOTTI, KELLI 8000 SE WATERWAY DR HOBE SOUND, FL 33455			7. Name and Address of New Registered Agent Name: <u>Mitch Eiseman</u> Street Address (P.O. Box Number is Not Acceptable): 8275 S.E. Governor's Way City: <u>Hobe Sound</u> <u>FL</u> Zip Code: <u>33455</u>		
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:		Mitch Eiseman		01/09/08	
Signature, typed or printed name of registered agent and title if applicable.		(NOTE: Registered Agent signature required when reinstating)		DATE	
Filing Fee Is \$61.25 Due by May 1, 2008		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$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 10		
TITLE PD	NAME CIOTTI, KELLI	<input checked="" type="checkbox"/> Delete	TITLE PD	NAME EISEMAN, MITCH	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS 8000 SE WATERWAY DR	CITY-ST-ZIP HOBE SOUND, FL 33455		STREET ADDRESS 8275 SE Governor's Way	CITY-ST-ZIP Hobe Sound, FL 33455	
TITLE VP	NAME MASSIE, ROBERT	<input checked="" type="checkbox"/> Delete	TITLE VP	NAME TYLER, ED	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS 8374 SE LAGOON DR	CITY-ST-ZIP HOBE SOUND, FL 33455		STREET ADDRESS 8276 S.E. Governor's Way	CITY-ST-ZIP Hobe Sound, FL 33455	
TITLE SD	NAME SCHNEIDER, DEBI	<input checked="" type="checkbox"/> Delete	TITLE SD	NAME LUCAS, DELSIE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS 8315 SE GOVERNOR'S WAY	CITY-ST-ZIP HOBE SOUND, FL 33455		STREET ADDRESS 8075 S.E. Governor's Way	CITY-ST-ZIP Hobe Sound, FL 33455	
TITLE TD	NAME DOOLEY, MICHAEL	<input checked="" type="checkbox"/> Delete	TITLE TD	NAME HABECK, FRED	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS 8454 SE LAGOON DR	CITY-ST-ZIP HOBE SOUND, FL 33455		STREET ADDRESS 8155 S.E. Governor's Way	CITY-ST-ZIP Hobe Sound, FL 33455	
TITLE D	NAME SMITH, PATRICE	<input checked="" type="checkbox"/> Delete	TITLE D	NAME COFFEY, JIM	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS 8394 SE LAGOON DR	CITY-ST-ZIP HOBE SOUND, FL 33455		STREET ADDRESS 8255 S.E. Governor's Way	CITY-ST-ZIP Hobe Sound, FL 33455	
TITLE 	NAME 	<input type="checkbox"/> Delete	TITLE 	NAME 	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS 	CITY-ST-ZIP 		STREET ADDRESS 	CITY-ST-ZIP 	
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.					
SIGNATURE:		Mitch Eiseman		01/09/08	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date		Daytime Phone #	