

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**May 29, 2008 8:00 am**  
**Secretary of State**

05-29-2008 90193 048 \*\*\*\*61.25

**DOCUMENT # N13547**

1. Entity Name

GOVERNOR'S SQUARE TOWNHOUSE ASSOCIATION, INC.



Principal Place of Business

P.O. BOX 15655  
PENSACOLA FL 32514-0655

Mailing Address

P.O. BOX 15655  
PENSACOLA FL 32514-0655



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

1st MOORE

CR2E037 (10/07)

4. FEI Number

86-1101862

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

VILLARREAL, CHRISTINE  
9022 GOVERNOR'S PLACE CT  
PENSACOLA FL 32514

Name

Street Address (P.O. Box Number is Not Acceptable)

City

**FL**

Zip Code

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW: FEE IS \$61.25**  
**Due By May 1, 2008**

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

TITLE	PD	<input checked="" type="checkbox"/> Delete
NAME	VILLARREAL, CHRISTINE	
STREET ADDRESS	9022 GOVERNOR'S PLACE CT	
CITY-ST-ZIP	PENSACOLA FL 32514	
TITLE	STD	<input type="checkbox"/> Delete
NAME	CHURCHILL, RUTH	
STREET ADDRESS	9032 GOVERNORS PLACE CT	
CITY-ST-ZIP	PENSACOLA FL 32514	
TITLE	D	<input type="checkbox"/> Delete
NAME	SHELBY, JANET	
STREET ADDRESS	9011 GOVERNORS PLACE CT	
CITY-ST-ZIP	PENSACOLA FL 32514	
TITLE	VPD	<input type="checkbox"/> Delete
NAME	BOMBARDIERE, LARRY	
STREET ADDRESS	9018 GOVERNOR'S PLACE CT	
CITY-ST-ZIP	PENSACOLA FL 32514	
TITLE	D	<input type="checkbox"/> Delete
NAME	BARLOFF, LAWRENCE	
STREET ADDRESS	9019 GOVERNOR'S PLACE CT	
CITY-ST-ZIP	PENSACOLA FL 32514	
TITLE	D	<input type="checkbox"/> Delete
NAME	SCHMIDT, JOE	
STREET ADDRESS	9031 GOVERNOR'S PLACE CT	
CITY-ST-ZIP	PENSACOLA FL 32514	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	TBA	
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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:** *Ruth Churchill* **RUTH CHURCHILL** 5/1/08 850-478-0210

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

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