

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25.)

<p>NONPROFIT CORPORATION ANNUAL REPORT 1996</p>	<p>FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS</p>
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DOCUMENT # N23728
 1. Corporation Name
Governors Place Homeowners Association, Inc.

Principal Place of Business Mailing Address
**2525 Bayshore Blvd., Unit B
 Tampa, FL 33629**

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	3a. Date of Last Report
21		26		1987	1995
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number	Applied For
22		27		59-2871477	Not Applicable
City & State		City & State		5. Certificate of Status Desired	<input type="checkbox"/> \$8.75 Additional Fee Required
23		28		6. Election Campaign Financing Trust Fund Contribution	<input type="checkbox"/> \$5.00 May Be Added to Fees
Zip	Country	Zip	Country	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	
24	25	29	30		

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
				B1	Name		
				B2	Street Address (P.O. Box Number is Not Acceptable)		
				B3	2525 Bayshore Blvd, Unit B		
				B4	City	Tampa	FL

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the provisions of, Section 617.0503, Florida Statutes.

SIGNATURE: *Robert A. White* **Treasurer** **June 21, 1996**
Signature of registered agent or registered office applicable (NOTE: Registered Agent signature required when translating) DATE

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	R. Park Newton	<input type="checkbox"/> DELETE		11 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	2525 Bayshore Blvd, Unit C			12 NAME			
STREET ADDRESS	Tampa, FL 33629			13 STREET ADDRESS			
CITY-ST-ZIP				14 CITY-ST-ZIP			
TITLE	T	<input type="checkbox"/> DELETE		21 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	Robert White			22 NAME			
STREET ADDRESS	2525 Bayshore Blvd., Unit B			23 STREET ADDRESS			
CITY-ST-ZIP	Tampa, FL 33629			24 CITY-ST-ZIP			
TITLE	S	<input type="checkbox"/> DELETE		31 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	Clarence McKee			32 NAME			
STREET ADDRESS	2525 Bayshore Blvd., Unit A			33 STREET ADDRESS			
CITY-ST-ZIP	Tampa, FL 33629			34 CITY-ST-ZIP			
TITLE	D	<input type="checkbox"/> DELETE		41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	Roger Rains			42 NAME			
STREET ADDRESS	2525 Bayshore Blvd., Unit E			43 STREET ADDRESS			
CITY-ST-ZIP	Tampa, FL 33629			44 CITY-ST-ZIP			
TITLE	D	<input type="checkbox"/> DELETE		51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	Thomas Lewis			52 NAME	500001896435		
STREET ADDRESS	2525 Bayshore Blvd., Unit D			53 STREET ADDRESS	-07/17/96--01037--035		
CITY-ST-ZIP	Tampa, FL 33629			54 CITY-ST-ZIP	***61.25		
TITLE		<input type="checkbox"/> DELETE		61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME				62 NAME			
STREET ADDRESS				63 STREET ADDRESS			
CITY-ST-ZIP				64 CITY-ST-ZIP			

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed or on an attachment with an address.

SIGNATURE: *Robert A. White* **June 21, 1996** **813-875-6126**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (3/96)

7/17/96