

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.)

NONPROFIT CORPORATION ANNUAL REPORT 1996		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS	
<b>DOCUMENT #</b> N23728 1. Corporation Name <b>Governors Place Homeowners Association, Inc.</b>			
Principal Place of Business <b>2525 Bayshore Blvd., Unit B Tampa, FL 33629</b>		Mailing Address	
2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country		2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country	
3. Date Incorporated or Qualified <b>1987</b>		3a. Date of Last Report <b>1995</b>	
4. FEI Number <b>59-2871477</b>		Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75 Additional Fee Required</b>	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No			
9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	
81 Name <b>Robert White</b>		82 Street Address (P.O. Box Number is Not Acceptable) <b>2525 Bayshore Blvd, Unit B</b>	
83		84 City <b>Tampa</b> <b>FL</b> 85 Zip Code <b>33629</b>	
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 <i>Robert A. White</i> <b>Treasurer</b> <b>June 21, 1996</b> (NOTE: Registered Agent signature required when translating)			
12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
11 TITLE <input checked="" type="checkbox"/> R. Park Newton <input type="checkbox"/> DELETE NAME STREET ADDRESS CITY - ST - ZIP 12 TITLE <input checked="" type="checkbox"/> Robert White <input type="checkbox"/> DELETE NAME STREET ADDRESS CITY - ST - ZIP 13 TITLE <input checked="" type="checkbox"/> Clarence McKee <input type="checkbox"/> DELETE NAME STREET ADDRESS CITY - ST - ZIP 14 TITLE <input checked="" type="checkbox"/> Roger Rains <input type="checkbox"/> DELETE NAME STREET ADDRESS CITY - ST - ZIP 15 TITLE <input checked="" type="checkbox"/> Thomas Lewis <input type="checkbox"/> DELETE NAME STREET ADDRESS CITY - ST - ZIP		11 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 12 NAME 13 STREET ADDRESS 14 CITY - ST - ZIP 21 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 22 NAME 23 STREET ADDRESS 24 CITY - ST - ZIP 31 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 32 NAME 33 STREET ADDRESS 34 CITY - ST - ZIP 41 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 42 NAME 43 STREET ADDRESS 44 CITY - ST - ZIP 51 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 52 NAME 53 STREET ADDRESS 54 CITY - ST - ZIP 61 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 62 NAME 63 STREET ADDRESS 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.		500001896485 -07/17/96--01037--035 ***61.25 7/17/96	
SIGNATURE: <i>Robert A. White</i> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR <b>Robert White, Treasurer</b>		June 21, 1996 813-875-6126 Date Daytime Phone	

CR2E037 (3/96)