FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Morthym

Secretary of State

DIVISION OF CORPORATIONS

1. Corporation Name N23/28 (1)					
GOVER	NOR'S PLACE HOMEOW	/NERS ASSOCIATION, INC		 	
Principal Place	e of Business	Mailing Address	-M		
		•			
2525 BAYSHORE BLVD UNIT B		2525 BAYSHORE BLVD UNIT B			
TAMPA FL 33629		TAMPA FL 33629-7316		3. Date Incorporated or Qualified 3a. Date of Last Report	
				12/02/1987 07/17/1996	
2. Principal Place of Business		2a. Mailing Address		4. FEI Number Applied F 59-2871477 Not Applie	_
21 Suite Ant	# oto	26 Suite, Apt. #, etc.		60.75 A.V.	
Sulte, Apt. #, etc.		27 Suite, Apr. #, etc.		5. Certificate of Status Desired See Regulred Fee Regulred	
City & State		City & State		6. Election Campaign Financing \$5.00 May B	
23		28		Trust Fund Contribution Added to Fees	·
Zip	Country	Zip	Coury	8. This corporation has liability for intangible tax under s. 199.00	32,
24	9. Name and Address of Cur	29 3 rent Registered Agent	0[Florida Statutes Yes No 10. Name and Address of New Registered Agent	
The same and transport of the same and the s				2	
WHITE, ROBERT				ANCHOR PROPERTY MANAGEMENT INC. † Address (P.O. Box Number is Not Acceptable)	
2525 BAYSHORE BLVD			\$ 519	HANLEY RD. SUITE B	
UNIT B			3	A CONTRACT OF THE STATE OF THE	į
TAMPA FL 33629			14 City	PAMPA FL 85 Zip Code 33634	
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, any accept the obligations of Section 617.0503, Florida Statiles.					
SIGNATURE Signature, typed or printed name of registered agent gird days a specific Registered Agent signature required when reinstating) DATE OF THE PROPERTY OF THE REGISTER OF THE REGIST					
12.		AND DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	2
TITLE	P	DELETE	1.1 T E	☐ Change ☐ Ad	ddition
NAME	NEWTON, R. PARK		1.2 N / E		
STREET ADDRESS	2525 BAYSHORE BLVD. #	C	1.3 SEET ADDRESS	1	
CITY-ST-ZIP	TAMPA FL 33629	T beitte	1.4 C / - ST - ZIP		
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NAME OTDEST LINDOSCOS	MCKEE, CLARENCE	Δ	2.2 MAE 2.3 SEET ADDRESS		
STREET ADDRESS CHTY-ST-ZIP	2525 BAYSHORE BLVD. # TAMPA FL 83829	^	2.3 SEET ADDRESS 2.4 Y-ST-ZIP		
TITLE	D	☐ DELETE	3.17 E	Change A	ddition
NAME	RAINS, ROGER		3.2 ME	, _	Ì
STREET ADDRESS	2525 BAYSHORE BLVD. #	E	3.3 SEET ADDRESS		
CITY-ST-ZIP	TAMPA FL 33629		3.4. Y-ST-ZIP .		
TITLE	T	☐ DELETE	4.1 1.E	☐ Change ☐ Ad	ddition
NAME	WHITE, ROBERT A.	n	4.2 ME		
STREET ADDRESS	2525 BAYSHORE BLVD. #	p	4.3 SPEET ADDRESS	1	}
CITY-ST-ZIP	TAMPA FL 33629	DELETE	4.4 CY-ST-ZIP 5.1 TLE	□ Change □ Ac	ddition
TITLE NAME	D Lewis, Thomas	- Decere	5.1 ILE 5.2 IME	DR. JEFFERY TEDDER	SURE
STREET ADDRESS	2525 BAYSHORE BLVD. #	D	5.3 SEET ADDRESS		
CITY-ST-ZIP	TAMPA FL 33629	-	5.4 Y - ST - ZIP	TAMPA, FL 33629	1
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NAME			6.2±4E		ļ
STREET ADDRESS			6.3 EET ADDRESS		[
CITY_ST_TIP	l		6.4 Y - \$T - ZIP		1

14. I do hereby certify that the information supplied with this filing does not qualify for the information indicated on this annual report or supplemental annual report is true and I am an officer or director of the corporation or the receiver or trustee empowered to appears in Block 12 or Block 13 in changed, or on an attachment with an address. variation stated in Section 119.07(3)(i). Florida Statutes. I further certify that the scurate and that my signature shall have the same legal effect as if made under oath; that ecute this report as required by Chapter 617, Florida Statutes; and that my name

FILED

Jun 09 1997 8:00am

Secretary of State