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**Mar 09 1998 8:00am
Secretary of State**

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N23728 (1)

1. Corporation Name
GOVERNOR'S PLACE HOMEOWNERS ASSOCIATION, INC.



Principal Place of Business 2525 BAYSHORE BLVD UNIT B TAMPA FL 33629	Mailing Address 2525 BAYSHORE BLVD UNIT B TAMPA FL 33629
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3. Date incorporated or Qualified 12/02/1987	
4. FEI Number 59-2871477	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
7. Is this nonprofit corporation a homeowners association? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business 21	2a. Mailing Address 26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24	Country 25
Zip 29	Country 30

9. Name and Address of Current Registered Agent

**ANCHOR PROPERTY MANAGEMENT INC
5519 HANLEY RD
STE. B
TAMPA FL 33634**

10. Name and Address of New Registered Agent

81 Name WAYNE SMITH
82 Street Address (P.O. Box Number is Not Acceptable) 7009 24TH AVE SO.
83
84 City TAMPA
85 Zip Code FL 33619

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 obligations of, Section 617.0503, Florida Statutes.

SIGNATURE *Wayne N. Smith* **WAYNE N. SMITH, MANAGER** **1/29/98**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS

TITLE P	<input type="checkbox"/> DELETE
NAME NEWTON, R. PARK	
STREET ADDRESS 2525 BAYSHORE BLVD. #C	
CITY-ST-ZIP TAMPA FL 33629	
TITLE S	<input type="checkbox"/> DELETE
NAME MCKEE, CLARENCE	
STREET ADDRESS 2525 BAYSHORE BLVD. #A	
CITY-ST-ZIP TAMPA FL 33629	
TITLE D	<input type="checkbox"/> DELETE
NAME RAINS, ROGER	
STREET ADDRESS 2525 BAYSHORE BLVD. #E	
CITY-ST-ZIP TAMPA FL 33629	
TITLE T	<input type="checkbox"/> DELETE
NAME WHITE, ROBERT A.	
STREET ADDRESS 2525 BAYSHORE BLVD. #B	
CITY-ST-ZIP TAMPA FL 33629	
TITLE D	<input type="checkbox"/> DELETE
NAME TEDDER, JEFFERY D	
STREET ADDRESS 2525 BAYSHORE BLVD. #D	
CITY-ST-ZIP TAMPA FL	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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* **ROBERT A. WHITE, V.P.**

CR2E037 (10/97)