

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 20, 2000 8:00 am
Secretary of State

04-20-2000 90046 006 ****61.25

DOCUMENT # N23728

1. Entity 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 33629-7316
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

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. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent							
SMITH, WAYNE 7009 24TH AVE SO STE. B TAMPA FL 33619				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.

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**

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

**Make Check Payable to
Department of State**

10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10			
TITLE	P	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	NEWTON, R. PARK			NAME			
STREET ADDRESS	2525 BAYSHORE BLVD. #C			STREET ADDRESS			
CITY-ST-ZIP	TAMPA FL 33629			CITY-ST-ZIP			
TITLE	S	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	MCKEE, CLARENCE			NAME			
STREET ADDRESS	2525 BAYSHORE BLVD. #A			STREET ADDRESS			
CITY-ST-ZIP	TAMPA FL 33629			CITY-ST-ZIP			
TITLE	D	<input checked="" type="checkbox"/> Delete		TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	RAINS, ROGER			NAME	FELTENSTEIN, M.B		
STREET ADDRESS	2525 BAYSHORE BLVD. #E			STREET ADDRESS	2525 BAYSHORE BLVD, #E		
CITY-ST-ZIP	TAMPA FL 33629			CITY-ST-ZIP	TAMPA, FL 33629		
TITLE	T	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	WHITE, ROBERT A.			NAME			
STREET ADDRESS	2525 BAYSHORE BLVD. #B			STREET ADDRESS			
CITY-ST-ZIP	TAMPA FL 33629			CITY-ST-ZIP			
TITLE	D	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	TEDDER, JEFFERY D			NAME			
STREET ADDRESS	2525 BAYSHORE BLVD, #D			STREET ADDRESS			
CITY-ST-ZIP	TAMPA FL			CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				CITY-ST-ZIP			

12. 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 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: Robert A. White **ROBERT A. WHITE** 4/13/00
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (9/99)