

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 02, 2001 8:00 am
Secretary of State

0060261

DOCUMENT # N23728

1. Entity Name

GOVERNOR'S PLACE HOMEOWNERS ASSOCIATION, INC.

05-02-2001 90014 013 ****61.25

Principal Place of Business

Mailing Address

2525 BAYSHORE BLVD
 UNIT B
 TAMPA FL 33629

2525 BAYSHORE BLVD
 UNIT B
 TAMPA FL 33629



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-2871477

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

\$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
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	FELTENSTEIN, M.B.	
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		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
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* **REQUIRE** Robert A. White 4/20/01 259-1295

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (10/00)