

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Jul 23, 2002 8:00 am
Secretary of State

07-23-2002 90337 042 ****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

0101001



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number

59-2871477

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

SMITH, WAYNE
7009 24TH AVE SO
STE. B
TAMPA FL 33619

7. Name and Address of New Registered Agent

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

After September 13, 2002,
min. will be \$236.25.

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

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME	D Gonda, George	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS	2525 Bayshore Blvd. #E	
CITY-ST-ZIP	Tampa, FL 33629	
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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, Director

7/19/02 813-251-0575

CR2E037 (4/02)