


**2004 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 29, 2004 08:00 AM
Secretary of State

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



01072004 No Chg-NP CR2E037 (10/03)

DO NOT WRITE IN THIS SPACE

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 SMITH, WAYNE 7009 24TH AVE SO STE. B TAMPA, FL 33619		DO NOT WRITE IN THIS SPACE
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 file if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

Filing Fee is \$61.25 Due by May 1, 2004	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	000000140795 04/29/04-80175-013 61.25
---	--	--

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P NEWTON, R. PARK 2525 BAYSHORE BLVD. #C TAMPA, FL 33629
TITLE NAME STREET ADDRESS CITY - ST - ZIP	S MCKEE, CLARENCE 2525 BAYSHORE BLVD. #A TAMPA, FL 33629
TITLE NAME STREET ADDRESS CITY - ST - ZIP	T WHITE, ROBERT A. 2525 BAYSHORE BLVD. #B TAMPA, FL 33629
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D TEDDER, JEFFERY D 2525 BAYSHORE BLVD, #D TAMPA, FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D CONDA, GEORGE 2525 BAYSHORE BLVD #E TAMPA, FL 33629
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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** 4/26/04 813-259-1295
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #