
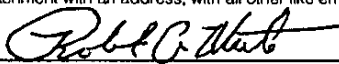


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 23, 2005 8:00 am
Secretary of State

05-23-2005 90008 012 ****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		
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 Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
8. 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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
Filing Fee is \$61.25 Due by May 1, 2005		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make check payable to Florida 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	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	D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	CONDA, GEORGE		NAME		
STREET ADDRESS	2525 BAYSHORE BLVD #E		STREET ADDRESS		
CITY-ST-ZIP	TAMPA, FL 33629		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		5/20/05 813-267-0575	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date		Daytime Phone #	