


**2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 18, 2008 8:00 am**  
**Secretary of State**

04-18-2008 90027 030 \*\*\*\*61.25

<b>DOCUMENT # N23728</b>					
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 - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 59-2871477	
Applied For Not Applicable		5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
Zip	Country	Zip	Country	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 _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
<b>Filing Fee is \$61.25 Due by May 1, 2008</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
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	D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	WILLIAMS, FRANCIS		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	S	<input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	TEDDER, JEFFERY D		NAME	5 GREG HUGHES	
STREET ADDRESS	2525 BAYSHORE BLVD UNIT E		STREET ADDRESS	2525 BAYSHORE BLVD UNIT E	
CITY-ST-ZIP	TAMPA, FL 33629		CITY-ST-ZIP	TAMPA, FL 33629	
TITLE	D	<input checked="" type="checkbox"/> Delete	TITLE	D	<input type="checkbox"/> Change
NAME	CONDA, GEORGE		NAME	THOMAS BRADLEY	
STREET ADDRESS	2525 BAYSHORE BLVD #E		STREET ADDRESS	2525 BAYSHORE BLVD, UNIT D	
CITY-ST-ZIP	TAMPA, FL 33629		CITY-ST-ZIP	TAMPA, FL 33629	
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change
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 exemptions contained in Chapter 119, 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: <i>Robert A. White</i>		TREAS <i>4/14/08</i>		Date: <i>813-259-1295</i>	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date		Daytime Phone #	
ROBERT A. WHITE					