

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N26393

FILED
Mar 08, 2008
Secretary of State

Entity Name: GOVERNORS LANDING CONDOMINIUM, INC.

Current Principal Place of Business:

100 GOVERNORS ST.
GREEN COVE SPRINGS, FL 32043

New Principal Place of Business:

Current Mailing Address:

100 GOVERNORS ST.
GREEN COVE SPRINGS, FL 32043

New Mailing Address:

FEI Number: 59-3020933

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BRAATZ, RON
3671 WINGED FOOT CIRCLE
GREEN COVE SPRINGS, FL 32043 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: VD () Delete
Name: PEALER, ROBERT
Address: 104 GOVERNOR STREET
City-St-Zip: GREEN COVE SPRINGS, FL 32043

Title: SD () Delete
Name: JODY, TOM
Address: 114 GOVERNOR ST
City-St-Zip: GREEN COVE SPRINGS, FL 32043

Title: PD () Delete
Name: VAUGHN, NOLAN
Address: 148 GOVERNOR ST
City-St-Zip: GREEN COVE SPRINGS, FL 32043

Title: TD () Delete
Name: BRAATZ, RON
Address: 3671 WINGED FOOT CIRCLE
City-St-Zip: GREEN COVE SPRINGS, FL 32043

Title: VD () Delete
Name: O'DELL, DONALD
Address: 162 GOVERNOR ST
City-St-Zip: GREEN COVE SPRINGS, FL 32043

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: PD (X) Change () Addition
Name: JODY, TOM
Address: 114 GOVERNOR ST
City-St-Zip: GREEN COVE SPRINGS, FL 32043

Title: SD (X) Change () Addition
Name: VAUGHN, NOLAN
Address: 148 GOVERNOR ST
City-St-Zip: GREEN COVE SPRINGS, FL 32043

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: D (X) Change () Addition
Name: O'DELL, DONALD
Address: 162 GOVERNOR ST
City-St-Zip: GREEN COVE SPRINGS, FL 32043

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: RON BRAATZ

TD

03/08/2008

Electronic Signature of Signing Officer or Director

Date