

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 04, 2005 8:00 am
Secretary of State

03-04-2005 90095 013 ****61.25

DOCUMENT # N97000006354					
1. Entity Name GOVERNOR'S PLANTATION, UNIT 1 HOMEOWNERS' ASSOCIATION, INC.					
Principal Place of Business 3545 U.S. HWY. 1 SOUTH ST. AUGUSTINE, FL 32086			Mailing Address PO BOX 4497 SAINT AUGUSTINE, FL 32085-4497		
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 59-3624555	
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
WALTER, RICHARD L JR. 100 WALTER WAY SAINT AUGUSTINE, FL 32086			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 _____ (NOTE: Registered Agent signature required when reinstating)					
Filing Fee is \$61.25 Due by May 1, 2005		9. Election Campaign Financing <input type="checkbox"/>		\$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP DIMARE, W. FRANK 3545 U.S. HWY. 1 SOUTH ST. AUGUSTINE, FL 32086	<input checked="" type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD BUSOM, FRANK 520 OLD GOVERNOR'S ST. AUGUSTINE, FL 32086	<input checked="" type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD SHEPARD, DENNIS 312 OLD PLANTATION DRIVE ST. AUGUSTINE, FL 32086	<input checked="" type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD WHITTINGTON, LINDA H 521 OLD GOVERNOR'S WAY SAINT AUGUSTINE, FL 32086	<input checked="" type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD OWEN, VICKI 528 OLD PLANTATION DRIVE SAINT AUGUSTINE, FL 32086	<input checked="" type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D JACALONI, MERE 516 OLD GOVERNOR'S WAY SAINT AUGUSTINE, FL 32086	<input checked="" type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P.D. Frank Busom 520 Old Governors Way St Augustine, FL 32086	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V.P.D. Tiffany Busby 409 Old Governors Way St Augustine, FL 32086	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD Cathy O'Keefe 513 Old Governors Way St Augustine, FL 32086	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD Shaw, Jason 349 Old Plantation Drive St Augustine, FL 32086	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Frank Dimare 3545 US Hwy 1 South St Augustine, FL 32086	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Richard Davis 5 Indian Mound Drive St Augustine, FL 32086	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition			
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: _____					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					
Date					
Daytime Phone #					