2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # N97000006354



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

GOVERNOR'S PLANTATION, UNIT 1 HOMEOWNERS' ASSOCIATION, INC.					1	03-04-2005	90095 01.	3 *************************	1.23
Principal Place of Business 3545 U.S. HWY. 1 SOUTH ST. AUGUSTINE, FL 32086		Mailing Address PO BOX 4497 SAINT AUGUSTINE, FL 32085-4497						IIIPI AF PARI	
2. Principal P	lace of Business	3. Mailing Address							
Suite, Apt. #, etc.		Suite, Apt. #, etc.			01072005	Chg-NP	CR2E037	(10/03)	
City & State		City & State			4. FEI Number 59-3624555			_ 	plied For t Applicable
Zip	Country	Zip	Count	try	5. Certificate of	Status Desired		8.75 Add ee Require	
6. Name and Address of Current Registers		Registered Agent			7. Name and A	ddress of New I	Registered Ag	gent .	
WALER, RICHARŌ L JR.			i	Name					
WALER, RICHARD L JR. 100 WALER WAY SAINT AUGUSTINE, FL 32086		•	Street Addre		s (P.O. Box Number is Not Acceptable)				
			F	City	 		FL	Zip Code	e
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 title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE									
SIGNATURE .	Signature, typed or printed name of registered agent a	and title if applicable. (NOTE	: Registered A	Agent signature required	d when reinstating)	•	DATE	·	
SIGNATURE .	Signature, typed or printed name of registered agent a Filling Fee is \$61.25 Due by May 1, 2005	and title if applicable. (NOTE 9. Election Carr Trust Fund C	npaign Fin	ancing	d when reinstating) \$5.00 May Be Added to Fees		DATE Make check (
SIGNATURE	Filing Fee is \$61.25 Due by May 1, 2005	9. Election Carr Trust Fund C	npaign Fin contribution	ancing	\$5.00 May Be Added to Fees	Flo	Make check i rida Departn	nent of St	ate
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indicated on this report or supplied with all short 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

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Daytime Phone #