

# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Mar 21, 2006 8:00 am**  
**Secretary of State**

03-21-2006 90016 009 \*\*\*\*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

1st MOORE

CR2E037 (10/05)

4. FEI Number

**59-3624555**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**WALER, RICHARD L JR.  
100 WALER 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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW: FEE IS \$61.25  
Due By May 1, 2006**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

**Make Check Payable to  
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE PD ☐ Delete  
NAME BOSOM, FRANK  
STREET ADDRESS 520 OLD GOVERNORS WAY  
CITY-ST-ZIP ST. AUGUSTINE FL 32086

TITLE VPD ☐ Delete  
NAME BUSBY, TIFFANY  
STREET ADDRESS 409 OLD GOVERNORS WAY  
CITY-ST-ZIP ST. AUGUSTINE FL 32086

TITLE SD ☐ Delete  
NAME O'KEEFE, CATHY  
STREET ADDRESS 513 OLD GOVERNORS WAY  
CITY-ST-ZIP ST. AUGUSTINE FL 32086

TITLE TD ☐ Delete  
NAME SHAW, JASON  
STREET ADDRESS 349 OLD PLANTATION DR  
CITY-ST-ZIP SAINT AUGUSTINE FL 32086

TITLE D ☐ Delete  
NAME DIMARE, FRANK  
STREET ADDRESS 3545 US HWY 1 SOUTH  
CITY-ST-ZIP SAINT AUGUSTINE FL 32086

TITLE D ☐ Delete  
NAME DERIS, RICHARD  
STREET ADDRESS 5 INDIAN MOUND DR  
CITY-ST-ZIP SAINT AUGUSTINE FL 32086

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☒ Change ☐ Addition  
NAME Busam, Frank  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☒ Change ☐ Addition  
NAME  
STREET ADDRESS 409 Plantation Grove Lane  
CITY-ST-ZIP

TITLE ☒ Change ☐ Addition  
NAME O'Keefe, Kathy  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☒ Change ☐ Addition  
NAME Davis, Richard  
STREET ADDRESS 3289 Kings Road South  
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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:

*Richard L. Busam*

*904-797-2721  
March 7, 2006*