2007 NOT-FOR-PROFIT CORPORATION **ANNUAL REPORT**

FILED May 21, 2007 8:00 am Secretary of State 05-21-2007 90060 019 ****61.25

| DOCUMENT # N9700006354 1. Entity Name GOVERNOR'S PLANTATION, UNIT 1 HOMEOWNERS' ASSOCIATION, INC. | | | | | 5-21-2007 900 ባገ ፡ | 60 019 ****6. | 1.25 | |
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| Principal Place of Business 3545 U.S. HWY, 1 SOUTH ST. AUGUSTINE, FL 32086 Mailing Address PO BOX 4497 SAINT AUGUSTINE, FL | | | 5-4497 | 40117 | 313 | | | |
| 2. Principal P | Place of Business - No P.O. Box # | 3. Mailing Address | 4 | | | | | |
| Suite, Apt. #, etc. | | 3. Mailing Address 461 AIR Beach B Suite, Apt. #, etc. | | 05040007 | | 2E037 (12/06) | | |
| City & State | | | | 4. FEI Number | g-NP CN | · · · | plied For | |
| Zip | Country | 5 + Nugust, N | Country - 4 | 59-362455 | 5 | } | t Applicable | |
| 2.0 | | 32080 S | + Johns | 5. Certificate of Sta | | Fee Required | | |
| 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name 2 | | | | | | | | |
| WALER, RICHARD L JR. 100 WALER WAY | | | Street Address /D & Box Number in Alex Acceptable) | | | | | |
| | GUSTINE, FL 32086 | The Adjust (1.0 Box Normber 15 Tot Acceptable) Blvd | | | | | | |
| | | \sim | CitSY A | usustive | 2 / | FL Zip Code | 30 | |
| 8. The above partied 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 predictored agent. | | | | | | | | |
| SIGNATURE | SIGNATURE SULLIN NO CULTONS | | | | | | | |
| Signature, typed or profiled ame of registered agent and title 4 applicable. (NOTE: Registered Agent signature required when reinstating) DATE | | | | | | | | |
| Filing Fee is \$61.25 Due by September 14, 2007 9. Election Campaign Fina Trust Fund Contribution | | | | | | | | |
| | · · · · · | • | | \$5.00 May Be Added to Fees | | check payable to repartment of St | | |
| 10. | OFFICERS AND DI | Trust Fund Contrib | | \$5.00 May Be Added to Fees ADDITIONS/CHANGE | Florida C | epartment of St | ate | |
| 10. | OFFICERS AND DI | Trust Fund Contrib | oution. 1. ITLE | Added to Fees | Florida C | epartment of St | ate | |
| 10. | OFFICERS AND DI | Trust Fund Contrib | 1. | Added to Fees | Florida C | Department of St | ate 10 | |
| 10. TITLE NAME | OFFICERS AND DI PD BUSAM, FRANK | Trust Fund Contrib | oution, 1. ITLE IAME | Added to Fees | Florida C | Department of St | ate 10 | |
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