

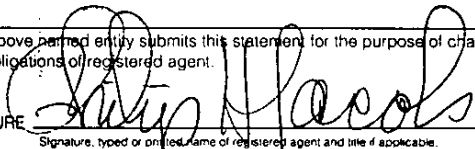
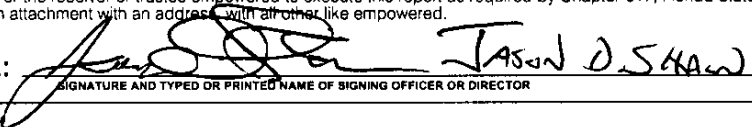


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 21, 2007 8:00 am
Secretary of State

05-21-2007 90060 019 ****61.25

DOCUMENT # 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 - No P.O. Box # Suite, Apt. #, etc.		3. Mailing Address 461 A1A Beach Blvd Suite, Apt. #, etc.		40117313 	
City & State St Augustine FL		City & State St Augustine FL		4. FEI Number 59-3624555	
Zip 32080		Country St Johns		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent WALER, RICHARD L JR. 100 WALER WAY SAINT AUGUSTINE, FL 32086				7. Name and Address of New Registered Agent Name - Philip H. Jacobs Street Address (P.O. Box Number is Not Acceptable) 461 A1A Beach Blvd City St Augustine FL Zip Code 32080	
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  DATE 5/16/07 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
Filing Fee is \$61.25 Due by September 14, 2007		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		Make check payable to Florida Department of State	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD BUSAM, FRANK 520 OLD GOVERNORS WAY ST. AUGUSTINE, FL 32086	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VPD BUSBY, TIFFANY 409 PLANTATION GROVE LN ST. AUGUSTINE, FL 32086	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	SD O'KEEFE, KATHY 513 OLD GOVERNORS WAY ST. AUGUSTINE, FL 32086	<input checked="" type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	TD SHAW, JASON 349 OLD PLANTATION DR SAINT AUGUSTINE, FL 32086	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D DIMARE, FRANK 3545 US HWY 1 SOUTH SAINT AUGUSTINE, FL 32086	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D DAVIS, RICHARD 3289 KINGS RD SOUTH SAINT AUGUSTINE, FL 32086	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 <input type="checkbox"/> Change <input type="checkbox"/> Addition TITLE NAME STREET ADDRESS CITY - ST - ZIP SD Cunningham, Kathy 349 Old Plantation Dr St Augustine, FL 32080				
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 another like empowered.					
SIGNATURE:  JASON D. SHAW 5-15-07 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					