

**FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00**

APPROVED  
AND  
FILED

95 MAY -1 AM 8:55

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

CORPORATION ANNUAL REPORT 1995  
  
 FLORIDA DEPARTMENT OF STATE  
 Sandra B. Northam  
 Secretary of State  
 DIVISION OF CORPORATIONS

DOCUMENT # 763154 (2)  
 1. Corporation Name  
**GOVERNOR'S POINTE CONDOMINIUM ASSOCIATION, INC.**

Principal Place of Business Mailing Address  
**356 GOLFVIEW ROAD N. PALM BEACH FL 33408**      **356 GOLFVIEW ROAD N. PALM BEACH FL 33408**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified <b>05/06/1982</b>	3a. Date of Last Report <b>04/29/1994</b>
4. FEI Number <b>59-2250331</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status <input type="checkbox"/>	<b>\$68.75</b> Supplemental Fee Not Required
8. This corporation has liability for intangible tax under C. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business 21	2a. Mailing Address 26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24	Country 25
Country 29	Zip 30

9. Name and Address of Current Registered Agent  
**BERGER, BEN**  
**% ALLSTATE PROP MGMT & REALTY INC**  
**21000 BOCA RIO RD., A-9**  
**BOCA RATON FL 33433**

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
85 FL
Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE *Ben Berger*      4/25/95

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE NAME STREET ADDRESS CITY ST ZIP	<b>DVP</b> <b>WITTEN, SYD</b> <b>356 GOLFVIEW RD</b> <b>N. PALM BEACH FL</b>	11 TITLE 12 NAME 13 STREET ADDRESS 14 CITY ST ZIP	<b>DS</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY ST ZIP	<del><b>DS</b> <b>MANCINELLI, BEVERLY</b> <b>356 GOLFVIEW RD</b> <b>N. PALM BEACH FL</b></del>	21 TITLE 22 NAME 23 STREET ADDRESS 24 CITY ST ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY ST ZIP	<del><b>DR</b> <b>FEGYVERSI, THOMAS</b> <b>356 GOLFVIEW RD</b> <b>N PALM BCH FL</b></del>	31 TITLE 32 NAME 33 STREET ADDRESS 34 CITY ST ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY ST ZIP	<b>DP</b> <b>MANISCALCO, JOSEPH</b> <b>356 GOLFVIEW RD.</b> <b>N. PALM BEACH FL</b>	41 TITLE 42 NAME 43 STREET ADDRESS 44 CITY ST ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY ST ZIP		51 TITLE 52 NAME 53 STREET ADDRESS 54 CITY ST ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition <b>D</b> <b>KELLY, KEVIN</b> <b>356 GOLFVIEW ROAD # 309</b> <b>N. PALM BEACH, FL 33409</b>
TITLE NAME STREET ADDRESS CITY ST ZIP		61 TITLE 62 NAME 63 STREET ADDRESS 64 CITY ST ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(A), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13, as changed, or on an attachment with an address.

SIGNATURE: *S.R. Witten*      4/28/95      407-626-9474