

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT 1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

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



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

3. Date Incorporated or Qualified: **05/06/1982**
3a. Date of Last Report: **05/01/1995**

21	2. Principal Place of Business	2a. Mailing Address	4. FEI Number	Applied For
22	Suite, Apt. #, etc.	Suite, Apt. #, etc.	59-2250331	Not Applicable
23	City & State	City & State	5. Certificate of Status Desired	<input type="checkbox"/> \$8.75 Additional Fee Required
24	Zip	Zip	6. Election Campaign Financing Trust Fund Contribution	<input type="checkbox"/> \$5.00 May Be Added to Fees
25	Country	Country	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	
BERGER, BEN % ALLSTATE PROP MGMT & REALTY INC 21000 BOCA RIO RD., A-9 BOCA RATON FL 33433		81 Name	85 Zip Code
		82 Street Address (P.O. Box Number is Not Acceptable)	FL
		83	
		84 City	

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE: Ber Berger (NOTE: Registered Agent signature required when not stating) DATE: _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DS <input checked="" type="checkbox"/> DELETE	1.1 TITLE	DV JODY DIXON <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	WITTEN, SYD	1.2 NAME	356 GOLF VIEW #1001
STREET ADDRESS	356 GOLFVIEW RD	1.3 STREET ADDRESS	N. PALM BEACH, FL 33408
CITY-ST-ZIP	N. PALM BEACH FL	1.4 CITY-ST-ZIP	
TITLE	D <input checked="" type="checkbox"/> DELETE	2.1 TITLE	DS WARREN PAULA <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	KELLY, KEVIN	2.2 NAME	356 GOLF VIEW #603
STREET ADDRESS	356 GOLFVIEW RD 309	2.3 STREET ADDRESS	N. PALM BEACH, FL 33408
CITY-ST-ZIP	N PALM BEACH FL	2.4 CITY-ST-ZIP	
TITLE	DP <input checked="" type="checkbox"/> DELETE	3.1 TITLE	DP EDWIN OSKAMP <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MANISCALCO, JOSEPH	3.2 NAME	356 GOLFVIEW RD
STREET ADDRESS	356 GOLFVIEW RD.	3.3 STREET ADDRESS	N PALM BEACH, FL 33408
CITY-ST-ZIP	N. PALM BEACH FL	3.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	DT JANE HILL <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	356 GOLF VIEW RD.
STREET ADDRESS		4.3 STREET ADDRESS	N. PALM BEACH, FL 33408
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	D DAVID GOLD <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	356 GOLF VIEW RD
STREET ADDRESS		5.3 STREET ADDRESS	N. PALM BEACH, FL 33408
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

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)(k), 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; that I am 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 or on an attachment with an address.

SIGNATURE: Edwin Oskamp Date: 4/1/96 Daytime Phone #: 627-8109

CR2E037 (12/95)