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Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997



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 33408-3526

2. Principal Place of Business (21-24), 2a. Mailing Address (25-28), 3. Date Incorporated or Qualified (05/06/1982), 3a. Date of Last Report (04/04/1996), 4. FEI Number (59-2250331), 5. Certificate of Status Desired, 6. Election Campaign Financing, 8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes.

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: Charles Bates, % Janco Services, Inc., 5725 Corporate Way, Suite 207, West Palm Beach, FL 33407

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: Jane D. Hill, DATE: 6/12/97

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE: DV	NAME: DIXON, JODY	1.1 TITLE: Director	1.2 NAME: Dixon, Jodi
STREET ADDRESS: 356 GOLF VIEW #1001	CITY-ST-ZIP: NORTH PALM BEACH FL	1.3 STREET ADDRESS: 356 Golfview Road	1.4 CITY-ST-ZIP: North Palm Beach, FL 33408
TITLE: DS	NAME: WARREN, PAULA	2.1 TITLE:	2.2 NAME:
STREET ADDRESS: 356 GOLFVIEW #603	CITY-ST-ZIP: NORTH PALM BEACH FL	2.3 STREET ADDRESS:	2.4 CITY-ST-ZIP:
TITLE: DP	NAME: OSKAMP, EDWIN	3.1 TITLE: Vice-President	3.2 NAME: Oskamp, Edwin
STREET ADDRESS: 356 GOLFVIEW ROAD	CITY-ST-ZIP: NORTH PALM BEACH FL	3.3 STREET ADDRESS: 356 Golfview Road	3.4 CITY-ST-ZIP: North Palm Beach, FL 33408
TITLE: DT	NAME: HILL, JANE	4.1 TITLE: President	4.2 NAME: Hill, Jane
STREET ADDRESS: 356 GOLFVIEW ROAD	CITY-ST-ZIP: NORTH PALM BEACH FL	4.3 STREET ADDRESS: 356 Golfview Road	4.4 CITY-ST-ZIP: North Palm Beach, FL 33408
TITLE: D	NAME: GOLDM DAVID	5.1 TITLE:	5.2 NAME:
STREET ADDRESS: 356 GOLFVIEW ROAD	CITY-ST-ZIP: NORTH PALM BEACH FL	5.3 STREET ADDRESS:	5.4 CITY-ST-ZIP:
TITLE:	NAME:	6.1 TITLE: Treasurer	6.2 NAME: McAllister, Douglas
STREET ADDRESS:	CITY-ST-ZIP:	6.3 STREET ADDRESS: 356 Golfview Road	6.4 CITY-ST-ZIP: North Palm Beach, FL 33408

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 if changed, or on an attachment with an address.

CR2E037 (9/96)