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FILED
Jun 11 1998 8:00am
Secretary of State

NON-PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra S. Mortham Secretary of State DIVISION OF CORPORATIONS
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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
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3. Date Incorporated or Qualified
05/06/1982

4. FEI Number
59-2250331

Applied For
 Not Applicable

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
Zip 29	Country 30

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Election Campaign Financing Trust Fund Contribution **\$5.00 May Be Added to Fees**

7. Is this nonprofit corporation a homeowners association?
 Yes No

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30.
 Yes No

9. Name and Address of Current Registered Agent

**BATES, CHARLES
%JANCO SERVICES, INC.
5725 CORPORATE WAY, STE. 207
W. PALM BEACH FL 33407**

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City **FL** **85** Zip Code

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS

TITLE D	NAME DIXON, JODI	<input checked="" type="checkbox"/> DELETE
STREET ADDRESS 256 GOLFVIEW RD.	CITY-ST-ZIP NORTH PALM BEACH FL	
TITLE DSECTY.	NAME WARREN, PAULA	<input type="checkbox"/> DELETE
STREET ADDRESS 356 GOLFVIEW #803	CITY-ST-ZIP NORTH PALM BEACH FL	
TITLE PRES.	NAME OSKAMP, EDWIN	<input type="checkbox"/> DELETE
STREET ADDRESS 356 GOLFVIEW ROAD	CITY-ST-ZIP NORTH PALM BEACH FL	
TITLE P	NAME HILL, JANE	<input checked="" type="checkbox"/> DELETE
STREET ADDRESS 356 GOLFVIEW ROAD	CITY-ST-ZIP NORTH PALM BEACH FL	
TITLE I	NAME MCALLISTER, DOUGLAS	<input checked="" type="checkbox"/> DELETE
STREET ADDRESS 356 GOLFVIEW ROAD	CITY-ST-ZIP NORTH PALM BEACH FL	
TITLE	NAME	<input type="checkbox"/> DELETE
STREET ADDRESS	CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE Treasurer	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME Glenn Capalbo	<input checked="" type="checkbox"/> DELETE
1.3 STREET ADDRESS 356 Golfview Road	
1.4 CITY-ST-ZIP North Palm Beach, FL 33408	
2.2 NAME ROGER THALACKER, TREAS.	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.3 STREET ADDRESS 356 GOLFVIEW Rd # 807	
2.4 CITY-ST-ZIP NORTH PALM BEACH, FL 33408	
3.1 TITLE JERRY KARLAN, MEMBER	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME JERRY KARLAN, MEMBER	
3.3 STREET ADDRESS 356 GOLFVIEW Rd # 1002	
3.4 CITY-ST-ZIP NORTH PALM BEACH, FL 33408	
4.1 TITLE JOHN HAJJ, V. PRES.	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME JOHN HAJJ, V. PRES.	
4.3 STREET ADDRESS 356 GOLFVIEW Rd # 602	
4.4 CITY-ST-ZIP NORTH PALM BEACH, FL 33408	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. I 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.

SIGNATURE _____

CR2E037 (10/97)