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Secretary of State

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NONPROFIT CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 763154

1. Corporation Name

GOVERNOR'S POINTE CONDOMINIUM ASSOCIATION, INC.

5 24410 - 90062 - 28

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

Mailing Address
356 GOLFVIEW ROAD
N. PALM BEACH FL 33408



2. Principal Place of Business	2a. Mailing Address	3. Date incorporated or Qualified
21	26	05/06/1982
Suite, Apt. #, etc.	Suite, Apt. #, etc.	4. FEI Number
22	27	59-2250331
City & State	City & State	Applied For
23	28	Not Applicable
Zip	Country	5. Certificate of Status Desired <input type="checkbox"/>
24	29	\$8.75 Additional Fee Required
25	30	6. Election Campaign Financing <input type="checkbox"/>
		\$5.00 May Be Added to Fees

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	CHARLES BATES
82 Street Address (P.O. Box Number is Not Acceptable)	JANCO MANAGEMENT Service
83	5725 CORPORATE WAY #207
84 City	WEST PALM BEACH FL
85 Zip Code	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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

4/28/99

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	T	1.1 TITLE	TREASURER <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	CAPALBO, GLENN	1.2 NAME	ZALMER STRINBERG
STREET ADDRESS	356 GOLFVIEW RD	1.3 STREET ADDRESS	356 GOLFVIEW ROAD # 601
CITY-ST-ZIP	NORTH PALM BEACH FL	1.4 CITY-ST-ZIP	NORTH PALM BCH, FL 33408
TITLE	DS <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WARREN, PAULA	2.2 NAME	
STREET ADDRESS	356 GOLFVIEW #603	2.3 STREET ADDRESS	
CITY-ST-ZIP	NORTH PALM BEACH FL	2.4 CITY-ST-ZIP	
TITLE	PD <input checked="" type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	OSKAMP, EDWIN	3.2 NAME	
STREET ADDRESS	356 GOLFVIEW ROAD	3.3 STREET ADDRESS	
CITY-ST-ZIP	NORTH PALM BEACH FL	3.4 CITY-ST-ZIP	
TITLE	TD <input checked="" type="checkbox"/> DELETE	4.1 TITLE	DIRECTOR <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	THALACKER, ROGER	4.2 NAME	LEWIS GROSS
STREET ADDRESS	356 GOLFVIEW RD, #807	4.3 STREET ADDRESS	356 GOLFVIEW ROAD #1206
CITY-ST-ZIP	NORTH PALM BEACH FL 33408	4.4 CITY-ST-ZIP	NORTH PALM BCH, FL 33408
TITLE	D <input type="checkbox"/> DELETE	5.1 TITLE	VICE PRESIDENT <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KARLAN, JERRY	5.2 NAME	KARLAN, JERRY
STREET ADDRESS	356 GOLFVIEW RD, #102	5.3 STREET ADDRESS	356 GOLFVIEW RD # 1002
CITY-ST-ZIP	NORTH PALM BEACH FL	5.4 CITY-ST-ZIP	NORTH PALM BCH, FL 33408
TITLE	VPD <input type="checkbox"/> DELETE	6.1 TITLE	PRESIDENT <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HAIJ, JOHN	6.2 NAME	HAIJ, JOHN
STREET ADDRESS	356 GOLFVIEW RD, #602	6.3 STREET ADDRESS	356 GOLFVIEW ROAD # 602
CITY-ST-ZIP	N PALM BEACH FL 33408	6.4 CITY-ST-ZIP	NORTH PALM BCH, FL 33408

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, for all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED MANAGEMENT 4/28/99 (561) 616-9158

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (1/98)