

2000 UNIFORM BUSINESS REPORT (UBR)

4/

FILED
May 09, 2000 8:00 am
Secretary of State

04-12-2000 90005 010 ****61.25

DOCUMENT # 763154

1. Entity 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 33408-3526

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-2250331

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

\$8.75 Additional Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

BATES, CHARLES
JANCO MGMT SERVICE
5725 CORPORATE WAY, STE. 207
W. PALM BEACH FL 33407

Name: **Sheridan Springer, Vice Pres**
 Street Address (P.O. Box Number is Not Acceptable): **Dickinson Management Inc**
400 Toney Penna Dr.
 City: **Jupiter** FL Zip Code: **33458**

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the state of Florida.

SIGNATURE

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

(NOTE) Registered Agent signature required when reinstating

3-30-00

DATE

FILE NOW:
FEE IS \$61.25

9. Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be Added to Fees

Make Check Payable to Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	J	Delete <input checked="" type="checkbox"/>
NAME	STEINBERG, ZALMER	
STREET ADDRESS	356 GOLFVIEW RD #601	
CITY-ST-ZIP	NORTH PALM BEACH FL 33408	
TITLE	DS	Delete <input checked="" type="checkbox"/>
NAME	WARREN, PAULA	
STREET ADDRESS	356 GOLFVIEW #603	
CITY-ST-ZIP	NORTH PALM BEACH FL	
TITLE	D	Delete <input checked="" type="checkbox"/>
NAME	GROSS, LEWIS	
STREET ADDRESS	356 GOLFVIEW RD #1206	
CITY-ST-ZIP	NORTH PALM BEACH FL 33408	
TITLE	V	Delete <input checked="" type="checkbox"/>
NAME	KARLAN, JERRY	
STREET ADDRESS	356 GOLFVIEW RD #1002	
CITY-ST-ZIP	NORTH PALM BEACH FL 33408	
TITLE	P	Delete <input checked="" type="checkbox"/>
NAME	HAWJ, JOHN	
STREET ADDRESS	356 GOLFVIEW RD, #602	
CITY-ST-ZIP	N PALM BEACH FL 33408	
TITLE		Delete <input type="checkbox"/>
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	DP	Change <input checked="" type="checkbox"/>	Addition <input type="checkbox"/>
NAME	SHARON KEEHAN		
STREET ADDRESS	356 Golfview Rd #801		
CITY-ST-ZIP	N Palm Beach FL 33408		
TITLE	VP	Change <input checked="" type="checkbox"/>	Addition <input type="checkbox"/>
NAME	NORMA F. DE VITO		
STREET ADDRESS	356 GOLFVIEW RD #201		
CITY-ST-ZIP	N Palm Bch FL 33408		
TITLE	T	Change <input type="checkbox"/>	Addition <input type="checkbox"/>
NAME	Glenn CAPALBO		
STREET ADDRESS	356 Golfview Rd #803		
CITY-ST-ZIP	N Palm Bch FL 33408		
TITLE	S	Change <input checked="" type="checkbox"/>	Addition <input type="checkbox"/>
NAME	WILLARD REAGAN		
STREET ADDRESS	356 Golfview Rd #907		
CITY-ST-ZIP	N Palm Bch, FL 33408		
TITLE	D	Change <input checked="" type="checkbox"/>	Addition <input type="checkbox"/>
NAME	Betty A. Owens		
STREET ADDRESS	356 Golfview Rd. #807		
CITY-ST-ZIP	N Palm Bch FL 33408		
TITLE		Change <input type="checkbox"/>	Addition <input type="checkbox"/>
NAME			
STREET ADDRESS			
CITY-ST-ZIP			

12. 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 report or supplemental 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 register or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Sharon Keehan
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
 President
 Sharon Keehan 4/5/00 561-775-9728
 Date Daytime Phone #

CR2E037 (9/99)