

2001 UNIFORM BUSINESS REPORT (UBR)

1/

FILED
Feb 13, 2001 8:00 am
Secretary of State

01-29-2001 90066 014 ****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



DO NOT WRITE IN THIS SPACE

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

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: Dickinson Management Inc
 Street Address (P.O. Box Number is Not Acceptable)
Sherry Springer
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: Sherry M. Springer DATE: 01/08/01
(Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating.)

**FILE NOW:
 FEE IS \$81.25**

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	T	<input checked="" type="checkbox"/> Delete
NAME	STEINBERG, ZALMER	
STREET ADDRESS	358 GOLFVIEW RD #601	
CITY-ST-ZIP	NORTH PALM BEACH FL 33408	
TITLE	DS	<input checked="" type="checkbox"/> Delete
NAME	WARREN, PAULA	
STREET ADDRESS	356 GOLFVIEW #603	
CITY-ST-ZIP	NORTH PALM BEACH FL	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	GROSS, LEWIS	
STREET ADDRESS	356 GOLFVIEW RD #1206	
CITY-ST-ZIP	NORTH PALM BEACH FL 33408	
TITLE	V	<input checked="" type="checkbox"/> Delete
NAME	KARLAN, JERRY	
STREET ADDRESS	356 GOLFVIEW RD #1002	
CITY-ST-ZIP	NORTH PALM BEACH FL 33408	
TITLE	P	<input checked="" type="checkbox"/> Delete
NAME	HAIJ, JOHN	
STREET ADDRESS	356 GOLFVIEW RD, #602	
CITY-ST-ZIP	N PALM BEACH FL 33408	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	P	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Sharon Keehan	
STREET ADDRESS	356 Golfview Rd #801	
CITY-ST-ZIP	N Palm Beach 7133408	
TITLE	VPD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Sue KAPLAN	
STREET ADDRESS	356 Golfview Rd #1004	
CITY-ST-ZIP	N Palm Bch 7133408	
TITLE	T D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Glenn CAPALBO	
STREET ADDRESS	356 Golfview Rd #803	
CITY-ST-ZIP	N Palm Bch 7133408	
TITLE	S D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	WILLARD REAGAN	
STREET ADDRESS	356 GOLFVIEW RD #907	
CITY-ST-ZIP	N Palm Bch 7133408	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Betty Owens	
STREET ADDRESS	356 Golfview Rd #807	
CITY-ST-ZIP	N Palm Bch 7133408	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

CR2E037 (10/00)

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 receiver 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 a name, like empowered.

SIGNATURE: Sharon Keehan Pres. Date: 1-8-01 Daytime Phone #: 561-747-5505
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR