

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 17, 2002 8:00 am
Secretary of State

05-17-2002 90010 001 ****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**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-2250331

Applied For

Not Applicable

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

**SPRINGER, SHERRY
 400 TONEY PENNA DRIVE
 JUPITER FL 33458**

Name **MANFRED G. DANNER**
 Street Address, (P.O. Box Number is Not Acceptable)
**Dickinson Management, Inc.
 400 Toney Penna Drive**
 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

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

(NOTE: Registered Agent signature required when reinstating)

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

T NAME STREET ADDRESS CITY-ST-ZIP	KEEHAN, SHARON 356 GOLFVIEW ROAD #801 33408 NORTH PALM BEACH FL 33408	<input type="checkbox"/> Delete
V NAME STREET ADDRESS CITY-ST-ZIP	KAPLAN, SUE 356 GOLFVIEW ROAD #801 33408 NORTH PALM BEACH FL 33408	<input checked="" type="checkbox"/> Delete
TD NAME STREET ADDRESS CITY-ST-ZIP	CAPALBO, GLENN 356 GOLFVIEW ROAD #801 33408 NORTH PALM BEACH FL 33408	<input type="checkbox"/> Delete
V NAME STREET ADDRESS CITY-ST-ZIP	REAGAN, WILLARD 356 GOLFVIEW RD #1002 NORTH PALM BEACH FL 33408	<input type="checkbox"/> Delete
P NAME STREET ADDRESS CITY-ST-ZIP	OWENS, BETTY 356 GOLFVIEW RD, #602 N PALM BEACH FL 33408	<input checked="" type="checkbox"/> Delete
		<input type="checkbox"/> Delete

PD NAME STREET ADDRESS CITY-ST-ZIP	400 Toney Penna Drive Jupiter, FL 33458	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
DD NAME STREET ADDRESS CITY-ST-ZIP	MARTINDALE, DAVID 400 Toney Penna Drive Jupiter, FL 33458	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
	400 Toney Penna Drive Jupiter, FL 33458	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
VPD NAME STREET ADDRESS CITY-ST-ZIP	400 Toney Penna Drive Jupiter, FL 33458	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
SD NAME STREET ADDRESS CITY-ST-ZIP	MacLEOD, KEN 400 Toney Penna Drive Jupiter, FL 33458	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED

4/24/02

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E037 (9/01)