


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 02, 2005 8:00 am
Secretary of State

05-02-2005 90567 050 ****61.25

DOCUMENT # 763154					
1. Entity 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			
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 <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
MANFRED, DÄNNER G DICKINSON MANAGEMENT, INC. 400 TONEY PENNA DRIVE JUPITER, FL 33458			Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code		
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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE _____					
Filing Fee is \$61.25 Due by May 1, 2005		9. Election Campaign Financing Trust Fund Contribution: <input type="checkbox"/> \$5.00 May Be Added to Fees		Make check payable to Florida Department of State	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V TRKULJA, MILO 356 GOLFVIEW RD. #307 NORTH PALM BEACH, FL 33408	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	President Anne Roth McAllister 356 Golfview Dr, Unit 207 North Palm Beach, FL 33408	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD MARTINDALE, DAVID 356 GOLFVIEW RD. #305 NORTH PALM BEACH, FL 33408	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Vice President Adrian Marcuse 356 Golfview Dr, Unit 306 North Palm Beach, FL 33408	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD KATTEL, EDWARD 356 GOLFVIEW RD. #1210 NORTH PALM BEACH, FL 33408	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Treasurer Julio Rodio 356 Golfview Dr., Unit 1105 North Palm Beach, FL 33408	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MCALLISTER, ANNE R 356 GOLFVIEW RD. #207 NORTH PALM BEACH, FL 33408	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Secretary August Cassulo 356 Golfview Dr., Unit 906 North Palm Beach, FL 33408	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD CASSELLA, AUGUST J 356 GOLFVIEW RD #906 NORTH PALM BEACH, FL 33408	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Director Robert McLovich 356 Golfview Dr, Unit 1104 North Palm Beach, FL 33408	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<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: <u>Anne Roth McAllister</u>		Date: <u>4/29/05</u>		Daytime Phone #: <u>Head</u>	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					