2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

Secretary of State DOCUMENT #763154 06-02-2006 90003 043 ****61.25 GOVERNOR'S POINTE CONDOMINIUM ASSOCIATION, Principal Place of Business Mailing Address -356 GOLFVIEW ROAD 356 GOLFVIEW ROAD 50020408 N. PALM BEACH, FL 33408 N. PALM BEACH, FL 33408 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 05092006 Chg-NP CR2E037 (4/06) 4. FEI Number 59-2250331 City & State City & State Applied For Not Applicable Zip Country Country Zip \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent MANFRED; DANNER G-DICKINSON MANAGEMENT, INC. 400 TONEY PENNA DRIVE JUPITER FL 33458-8. The above named petity 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 registered agent the obligations of SIGNATURE (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing Make check payable to Filing Fee is \$61.25 \$5.00 May Be Trust Fund Contribution. Florida Department of State Due by September 6, 2006 Added to Fees 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 11. TITLE ☐ Delete TITLE Change ☐ Addition D MCALLISTER, ANNÉ ROTH NAME NAME STREET ADDRESS 356 GOLFVIEW DR., UNIT 207 STREET ADDRESS CITY-ST-ZIP NORTH PALM BEACH, FL 33408 CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition MARCUSE, ADRIAN NAME NAME 356 GOLFVIEW DR., UNIR 306 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP NORTH PALM BEACH, FL 33408 CITY-ST-ZIP ☐ Delete ☐ Change ☐ Addition RODIO, JULIO NAME NAME STREET ADDRESS 356 GOLFVIEW DR., UNIT 1105 STREET ADDRESS NORTH PALM BEACH, FL 33408 CITY-ST-ZIP CITY-ST-ZIP TITLE CASSELLA ☐ Defete TITLE ☐ Addition CASSELLA AUGUST SAME CASSULO AUGUST NAME NAME 356 GOLFVIEW DR., UNIT 906 STREET ADDRESS STREET ADDRESS SAME FAY EFRAIN Change & 356 GOLFVIEW DR. # 1108 NORTH PALM BEACH, FL 3346 Change NORTH PALM BEACH, FL 33408 CITY-ST SAME CITY-ST-ZIP TITLE TITLE MCLOVICH, ROBERT NAME NAME STREET ADDRESS 356 GOLFVIEW DR., UNIT 1104 STREET ADDRESS CITY-ST-ZIP NORTH PALM BEACH, FL 33408 CITY-ST-ZIP TITLE TITLE ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 12. I hereby certify that the information supplied with this filling does not qualify for the exemptions contained in Chapter 119, 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 it 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.

odio

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SIGNATURE:

FILED

Jun 02, 2006 8:00 am

Daytime Phone #