

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 763154

FILED
Apr 07, 2009
Secretary of State

Entity Name: GOVERNOR'S POINTE CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business:

356 GOLFVIEW ROAD
N. PALM BEACH, FL 33408

New Principal Place of Business:

Current Mailing Address:

356 GOLFVIEW ROAD
N. PALM BEACH, FL 33408

New Mailing Address:

FEI Number: 59-2250331

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

RODIO, JULIO
356 GOLFVIEW RD UNIT 1105
NORTH PALM BEACH, FL 33408 US

Name and Address of New Registered Agent:

INGLIS, STEVE
1930 COMMERCE LANE STE. 1
JUPITER, FL 33458 US

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: STEVE INGLIS

04/07/2009

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: MCALLISTER, ANNE ROTH
Address: 356 GOLFVIEW DR., UNIT 207
City-St-Zip: NORTH PALM BEACH, FL 33408

Title: 2VP () Delete
Name: KAPLAN, SUE
Address: 358 GOLFVIEW DRIVE, UNIT 306
City-St-Zip: NORTH PALM BEACH, FL 33408

Title: T () Delete
Name: WAYNE, ALAN
Address: 356 GOLFVIEW DR., UNIT 1105
City-St-Zip: NORTH PALM BEACH, FL 33408

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DP (X) Change () Addition
Name: RODIO, JULIO
Address: 356 GOLFVIEW DR., #1105
City-St-Zip: NORTH PALM BEACH, FL 33408

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: D (X) Change () Addition
Name: KELLEY, GLORIA
Address: 356 GOLFVIEW DR., UNIT #806
City-St-Zip: NORTH PALM BEACH, FL 33408

Title: D () Change (X) Addition
Name: KLANFER, JERRY
Address: 356 GOLFVIEW DR. #605
City-St-Zip: NORTH PALM BEACH, FL 33408

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: SUE KAPLAN

D

04/07/2009

Electronic Signature of Signing Officer or Director

Date