

**2003 NOT-FOR-PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Apr 28, 2003 8:00 am
Secretary of State

04-28-2003 90160 023 ****61.25

0036142

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

\$8.75 Additional Fee Required

CHECK HERE IF MAKING CHANGES



6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**MANFRED, DANNER 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 _____ (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 Florida Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10.

TITLE	PD	<input checked="" type="checkbox"/> Delete
NAME	KEEHAN, SHARON	
STREET ADDRESS	400 TONEY PENNA DRIVE	
CITY-ST-ZIP	JUPITER FL 33458	
TITLE	D	<input type="checkbox"/> Delete
NAME	MARTINDALE, DAVID	
STREET ADDRESS	400 TONEY PENNA DRIVE	
CITY-ST-ZIP	JUPITER FL 33458	
TITLE	TD	<input checked="" type="checkbox"/> Delete
NAME	CAPALBO, GLENN	
STREET ADDRESS	400 TONEY PENNA DRIVE	
CITY-ST-ZIP	JUPITER FL 33458	
TITLE	VPD	<input checked="" type="checkbox"/> Delete
NAME	REAGAN, WILLARD	
STREET ADDRESS	400 TONEY PENNA DRIVE	
CITY-ST-ZIP	JUPITER FL 33458	
TITLE	SD	<input type="checkbox"/> Delete
NAME	MACLEOD, KEN	
STREET ADDRESS	400 TONEY PENNA DRIVE	
CITY-ST-ZIP	JUPITER FL 33458	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	VP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MILO TRKULJA	
STREET ADDRESS	356 Golfview RD. - #307	
CITY-ST-ZIP	North Palm Beach, FL 33408	
TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	356 Golfview Rd. - #305	
CITY-ST-ZIP	North Palm Beach, FL 33408	
TITLE	TD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	EDWARD KATTEL	
STREET ADDRESS	356 Golfview Rd. - #1210	
CITY-ST-ZIP	North Palm Beach, FL 33408	
TITLE	DS	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	ANNE R. McALLISTER	
STREET ADDRESS	356 Golfview Rd. - #207	
CITY-ST-ZIP	North Palm Beach, FL 33408	
TITLE		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		
STREET ADDRESS	356 Golfview Rd. - #805	
CITY-ST-ZIP	North Palm Beach, FL 33408	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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**

4/9/03

561-747-5505

CR2E037 (10/02)