

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998.
AMOUNT DUE ON OR BEFORE 09/30/98: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

FILED

Aug 05 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 764071

(7)

1. Corporation Name

GOVERNOR'S MANOR CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business

Mailing Address

C/O CLINTON INT'L GROUP
2121 PONCE DE LEON BLVD., PENTHOUSE II
CORAL GABLES FL 33134

C/O CLINTON INT'L GROUP
2121 PONCE DE LEON BLVD., PENTHOUSE II
CORAL GABLES FL 33134

3. Date Incorporated or Qualified

07/07/1982

4. FEI Number

59-2098510

Applied For

Not Applicable

2. Principal Place of Business

2a. Mailing Address

21 The Carlisle Group

26 The Carlisle Group

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

☐

\$5.00 May Be
Added to Fees

7. Is this nonprofit corporation a homeowners association?

☒ Yes

☐ No

8. This corporation owes or has paid the current year Intangible
Personal Property Tax due June 30.

☐ Yes

☐ No

21 The Carlisle Group

26 The Carlisle Group

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 2937 SW 27th Ave., S-303

27 2937 SW 27th Ave., S-303

City & State

City & State

23 Miami, Florida

28 Miami, FL

Zip

Zip

Country

Country

24 33133

25 USA

29 33133

30 USA

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

BOGGIO, LLOYD J., % MKT. & MGT.
2121 PONCE DE LEON BLVD.
PENTHOUSE II
CORAL GABLES FL 33134

81 Name

Boggio, Lloyd c/o The Carlisle Group

82 Street Address (P.O. Box Number Is Not Acceptable)
2937 SW 27th Avenue, S-303

83

84 City Miami

FL

85 Zip Code

33133

11. Pursuant to the provisions of sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, section 617.0503, Florida Statutes.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE D ☐ DELETE

NAME HOWARD, PAT
STREET ADDRESS 2121 PONCE DE LEON BLVD. - PH II
CITY-ST-ZIP CORAL GABLES FL 33134

TITLE D ☐ DELETE

NAME BOGGIO, LLOYD J.
STREET ADDRESS 2121 PONCE DE LEON BLVD.-PH II
CITY-ST-ZIP CORAL GABLES FL 33134

TITLE D ☐ DELETE

NAME MARSHALL NANCY
STREET ADDRESS 2121 PONCE DE LEON BLVD. PH II
CITY-ST-ZIP CORAL GABLES FL 33134

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE D ☒ Change ☐ Addition

1.2 NAME Howard, Pat
1.3 STREET ADDRESS 2937 SW 27th Avenue, S-303
1.4 CITY-ST-ZIP Miami, FL 33133

2.1 TITLE D ☒ Change ☐ Addition

2.2 NAME Boggio, Lloyd J.
2.3 STREET ADDRESS 2937 SW 27th Avenue, S-303
2.4 CITY-ST-ZIP Miami, FL 33133

3.1 TITLE D ☒ Change ☐ Addition

3.2 NAME Marshall, Nancy
3.3 STREET ADDRESS 2937 SW 27th Avenue, S-303
3.4 CITY-ST-ZIP Miami, FL 33133

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7/7/98

Date

(305)476-8118

Daytime Phone #

CR2E037 (5/98)