


**2006 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED

**Feb 01, 2006 08:00 AM
Secretary of State**

DOCUMENT # N97000004086 1. Entity Name GOVERNOR'S LODGE CONDOMINIUM ASSOCIATION, INC.	
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Principal Place of Business 300 SUNRISE DR. KEY BISCAVNE, FL 33149	Mailing Address 145 MADEIRA AVE STE 206 CORAL GABLES, FL 33134
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01202006 No Chg-NP CR2E037 (11/05)

4. FEI Number 65-0844691	Applied For Not Applicable
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5. Certificate of Status Desired ☐ \$8.75 Additional
Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent FERNANDEZ, SUSANA 145 MADEIRA AVENUE 206 CORAL GABLES, FL 33134

**DO NOT WRITE
IN THIS SPACE**

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 *Susana Fernandez* 1/31/06 DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reappointing)

**Filing Fee is \$61.25
Due by May 1, 2006**

9. Election Campaign Financing
Trust Fund Contribution. ☐ \$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P SHELTON, TERESITA 1108 VALENCIA AVENUE CORAL GABLES, FL 33134
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP BLANCO, RAUL 7411 SW 88 TH PL. MIAMI, FL 33173
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S BELL, ENRIQUE 8982 S.W. 9 TERRACE MIAMI, FL 33179
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GARCIA, AURELIO 2830 SW 22 AVE. MIAMI, FL 33133
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SOTO, ALBERTO 300 SUNRISE DRIVE #2H KEY BISCAVNE, FL 33149
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

U000000414456
02/11/06-80039-003 61.25

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing 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 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: *Teresita Shelton* Date _____ Daytime Phone # _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR