

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N97000004086

FILED
Apr 09, 2007
Secretary of State

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

Current Principal Place of Business:

300 SUNRISE DR.
KEY BISCAYNE, FL 33149

New Principal Place of Business:

Current Mailing Address:

145 MADEIRA AVE STE 206
CORAL GABLES, FL 33134

New Mailing Address:

FEI Number: 65-0844691

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

FERNANDEZ, SUSANA
145 MADEIRA AVENUE
206
CORAL GABLES, FL 33134 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: SHELTON, TERESITA
Address: 1108 VALENCIA AVENUE
City-St-Zip: CORAL GABLES, FL 33134

Title: VP () Delete
Name: BLANCO, RAUL
Address: 7411 SW 88 TH PL.
City-St-Zip: MIAMI, FL 33173

Title: S () Delete
Name: BELL, ENRIQUE
Address: 8982 S.W. 9 TERRACE
City-St-Zip: MIAMI, FL 33179

Title: D () Delete
Name: GARCIA, AURELIO
Address: 2830 SW 22 AVE.
City-St-Zip: MIAMI, FL 33133

Title: D () Delete
Name: SOTO, ALBERTO
Address: 300 SUNRISE DRIVE #2H
City-St-Zip: KEY BISCAYNE, FL 33149

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: SOTO, ALBERTO
Address: 300 SUNRISE DRIVE # 2H
City-St-Zip: KEY BISCAYNE, FL 33149

Title: VP (X) Change () Addition
Name: BELL, MARIA C
Address: 300 SUNRISE DRIVE
City-St-Zip: KEY BISCAYNE, FL 33149

Title: S (X) Change () Addition
Name: SUAREZ, GASTON
Address: 300 SUNRISE DRIVE #2B
City-St-Zip: KEY BISCAYNE, FL 33149

Title: T (X) Change () Addition
Name: ROBAU, GRACIELLA
Address: 300 SUNRISE DRIVE #2K
City-St-Zip: KEY BISCAYNE, FL 33149

Title: D (X) Change () Addition
Name: GARCIA, AURELIO
Address: 300 SUNRISE DRIVE #2G
City-St-Zip: KEY BISCAYNE, FL 33149

I hereby certify that the information supplied with this filing does not qualify for the 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: SUSANA FERNANDEZ

PM

04/09/2007

Electronic Signature of Signing Officer or Director

Date