


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 05, 2008 8:00 am
Secretary of State

03-05-2008 90027 037 ****61.25

DOCUMENT # N97000004086	
1. Entity Name GOVERNOR'S LODGE CONDOMINIUM ASSOCIATION, INC.	

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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2. Principal Place of Business - No P.O. Box # 300 SUNRISE DR.	3. Mailing Address 1100 EL RADO
Suite, Apt. #, etc.	Suite, Apt. #, etc.

02252008 Chg-NP CR2E037 (12/06)


City & State KEY BISCAVNE, FL	City & State CORAL GABLES, FL
Zip 33149	Zip 33134
Country U.S.A.	Country U.S.A.

4. FEI Number 65-0844691	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent FERNANDEZ, SUSANA 145 MADEIRA AVENUE 206 CORAL GABLES, FL 33134	
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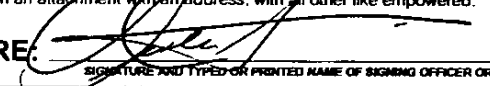
7. Name and Address of New Registered Agent Name: SUSANA SHELTON Street Address (P.O. Box Number is Not Acceptable) 1100 EL RADO City: CORAL GABLES FL Zip Code: 33134	
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8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.	
SIGNATURE: 	2/26/08
Signature typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when re-registering)	

Filing Fee is \$61.25 Due by May 1, 2008	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees	Make check payable to Florida Department of State
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P SOTO, ALBERTO 300 SUNRISE DRIVE # 2H KEY BISCAVNE, FL 33149 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P. Alberto Soto 300 Sunrise Drive #2H Key Biscayne, FL 33149 <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP BELL, MARIA C 300 SUNRISE DRIVE KEY BISCAVNE, FL 33149 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP. Maria C. Bell 300 Sunrise Drive #2F Key Biscayne, FL 33149 <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S SUAREZ, GASTON 300 SUNRISE DRIVE #2B KEY BISCAVNE, FL 33149 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	S. Gastón Suarez 542 Loreto Avenue Coral Gables, FL 33146 <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T ROBAU, GRACIELLA 300 SUNRISE DRIVE #2K KEY BISCAVNE, FL 33149 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	T. Graciella Robau 300 Sunrise Drive #2K Key Biscayne, FL 33149 <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GARCIA, AURELIO 300 SUNRISE DRIVE #2G KEY BISCAVNE, FL 33149 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D. Aurelio Garcia 300 Sunrise Drive #2G Key Biscayne, FL 33149 <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D. Aurelio Garcia 300 Sunrise Drive #2G. Key Biscayne, FL 33149 <input type="checkbox"/> Change <input type="checkbox"/> Addition

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: 	Date	Daytime Phone #
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		