

# 2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N97000004086

**FILED**  
**Mar 02, 2012**  
**Secretary of State**

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

**Current Principal Place of Business:**

300 SUNRISE DR.  
KEY BISCAVNE, FL 33149

**New Principal Place of Business:**

**Current Mailing Address:**

P.O. BOX 14-1857  
CORAL GABLES, FL 33114

**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:**

SHELTON, SUSANA  
5258 SW 8 ST  
MIAMI, 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  
Name: SUAREZ, GASTON  
Address: 542 LORETTO AVE  
City-St-Zip: CORAL GABLES, FL 33146

Title: VP  
Name: GARCIA, AURELIO  
Address: 2830 SW 22ND AVE  
City-St-Zip: MIAMI, FL 33133

Title: T  
Name: ROBAU, GRACIELLA  
Address: 761 GERONIMO DRIVE  
City-St-Zip: CORAL GABLES, FL 33146

Title: S  
Name: BELL, CRISTINA M  
Address: 300 SUNRISE DRIVE #2F  
City-St-Zip: KEY BISCAVNE, FL 33149

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

I hereby 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 all other like empowered.

SIGNATURE: GASTON SUAREZ

P

03/02/2012

Electronic Signature of Signing Officer or Director

Date