


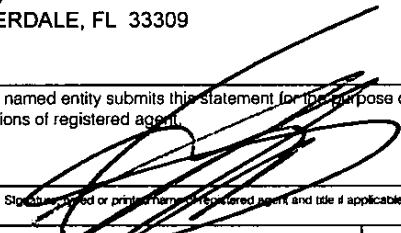
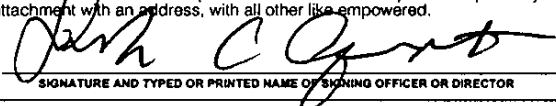
2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 12, 2007 8:00 am
Secretary of State

03-12-2007 90377 020 ****61.25

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|--|--|---|-------------------------------------|--------------------------------|--|
| DOCUMENT # 729814 | |  | | | |
| 1. Entity Name CENTER COURT CONDOMINIUM ASSOCIATION, INC. | | | | | |
| Principal Place of Business C/O BENCHMARK PROPERTY MANAGEMENT 7932 WILES ROAD CORAL SPRINGS, FL 33067 | | Mailing Address C/O BENCHMARK PROPERTY MANAGEMENT 7932 WILES ROAD CORAL SPRINGS, FL 33067 | | | |
| 2. Principal Place of Business - No P.O. Box # Pointe Management Group Suite, Apt. #, etc. 75 NE 10th AVE #206 | | 3. Mailing Address Pointe Management Group Suite, Apt. #, etc. 75 NE 10th AVE #206 | | | |
| City & State DeRay Beach, FL | | City & State DeRay Beach, FL | | | |
| Zip 33483 | Country US | Zip 33483 | Country US | | |
| 4. FEI Number 59-2290680 | | Applied For Not Applicable | | | |
| 5. Certificate of Status Desired <input type="checkbox"/> | | \$8.75 Additional Fee Required | | | |
| 6. Name and Address of Current Registered Agent ROBERT KAYE & ASSOCIATES, PA 6261 NW 6TH WAY SUITE 103 FT. LAUDERDALE, FL 33309 | | 7. Name and Address of New Registered Agent Name: ERIC ESTEBANEZ Street Address (P.O. Box Number is Not Acceptable): 75 NE 10th AVENUE Suite 206 City: DeRAY BEACH FL Zip Code: 33483 | | | |
| 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:  | | DATE: 03-08-07 | | | |
| Filing Fees \$61.25 Due by May 1, 2007 | | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees | | | |
| 10. OFFICERS AND DIRECTORS | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 | | | |
| TITLE: DS | NAME: MONTESINOS, MONICA | <input checked="" type="checkbox"/> Delete | TITLE: P | NAME: GUNPAT, SURESH | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| STREET ADDRESS: 3180 NW 88 AVE | CITY-ST-ZIP: FORT LAUDERDALE, FL 33351 | | STREET ADDRESS: 3234 NW 88th AVENUE | CITY-ST-ZIP: SUNRISE, FL 33351 | |
| TITLE: D | NAME: HERNANDEZ, RAFAEL | <input checked="" type="checkbox"/> Delete | TITLE: T | NAME: CATHEY, CHARLES | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| STREET ADDRESS: 3172 NW 88 AVE | CITY-ST-ZIP: SUNRISE, FL 33351 | | STREET ADDRESS: 3114 NW 88th AVE | CITY-ST-ZIP: SUNRISE, FL 33351 | |
| TITLE: DP | NAME: HARPER, FLOYD | <input type="checkbox"/> Delete | TITLE: VP | NAME: HARPER, FLOYD | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| STREET ADDRESS: 3188 NW 88 AVE | CITY-ST-ZIP: FORT LAUDERDALE, FL 33351 | | STREET ADDRESS: 3188 NW 88th AVENUE | CITY-ST-ZIP: SUNRISE, FL 33351 | |
| TITLE: D | NAME: WILLIAMS, JASMINE | <input checked="" type="checkbox"/> Delete | TITLE: S | NAME: MALONEY, CLIFTON | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| STREET ADDRESS: 3150 NW 88 AVE | CITY-ST-ZIP: SUNRISE, FL 33351 | | STREET ADDRESS: 3140 NW 88th AVENUE | CITY-ST-ZIP: SUNRISE, FL 33351 | |
| TITLE: [Blank] | NAME: [Blank] | <input type="checkbox"/> Delete | TITLE: [Blank] | NAME: [Blank] | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| STREET ADDRESS: [Blank] | CITY-ST-ZIP: [Blank] | | STREET ADDRESS: [Blank] | CITY-ST-ZIP: [Blank] | |
| TITLE: [Blank] | NAME: [Blank] | <input type="checkbox"/> Delete | TITLE: [Blank] | NAME: [Blank] | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| STREET ADDRESS: [Blank] | CITY-ST-ZIP: [Blank] | | STREET ADDRESS: [Blank] | CITY-ST-ZIP: [Blank] | |
| 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 #: _____ | | | |