

2018 FLORIDA NOT FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT# 763144

Entity Name: CENTRE COURT I CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business:

2121 COLLIER AVENUE
FT MYERS, FL 33901

Current Mailing Address:

C/O COASTAL ASSOCIATION SERVICES, LLC
PO BOX 152930
CAPE CORAL, FL 33915 US

FEI Number: 31-1009471

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

COASTAL ASSOCIATION SERVICES, LLC
12553 NEW BRITTANY BLVD.
SUITE 32
FORT MYERS, FL 33907 US

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: TROY FUTCH

06/04/2018

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title PRESIDENT
Name MCLELLAN, PAMELA
Address C/O COASTAL ASSOCIATION
 SERVICES, LLC
 PO BOX 152930
City-State-Zip: CAPE CORAL FL 33915

Title VP
Name GOEPPER, CARL
Address C/O COASTAL ASSOCIATION
 SERVICES, LLC
 PO BOX 152930
City-State-Zip: CAPE CORAL FL 33915

Title SECRETARY, TREASURER
Name WILLOUGHBY, ELWOOD
Address C/O COASTAL ASSOCIATION
 SERVICES, LLC
 PO BOX 152930
City-State-Zip: CAPE CORAL FL 33915

Title DIRECTOR
Name BREWER, LLOYD
Address C/O COASTAL ASSOCIATION
 SERVICES, LLC
 PO BOX 152930
City-State-Zip: CAPE CORAL FL 33915

Title DIRECTOR
Name HAMILL, PATRICK
Address C/O COASTAL ASSOCIATION
 SERVICES, LLC
 PO BOX 152930
City-State-Zip: CAPE CORAL FL 33915

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: PAMELA MCLELLAN

PRESIDENT

06/04/2018

Electronic Signature of Signing Officer/Director Detail

Date