

2017 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P00000112508

Entity Name: CENTRE POINTE, INC.**Current Principal Place of Business:**3800 ESPLANADE WAY,
SUITE 210
TALLAHASSEE, FL 32311**Current Mailing Address:**3800 ESPLANADE WAY,
SUITE 210
TALLAHASSEE, FL 32311 US**FEI Number:** 59-3685981**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**MANDERS, STEVE
3800 ESPLANADE WAY
SUITE 210
TALLAHASSEE, FL 32311 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:** STEVE MANDERS

01/18/2017

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title	D
Name	BOUTWELL, KEN
Address	3431 CEDAR LN
City-State-Zip:	TALLAHASSEE FL 32312

Title	D
Name	CARUTHERS, J K
Address	4044 BRANDON HILL DR.
City-State-Zip:	TALLAHASSEE FL 32309

Title	D
Name	HUMBLE, ED
Address	10948 KNIGHT COURT SE
City-State-Zip:	OLYMPIA WA 98501

Title	D
Name	JUAREZ, MICHELLE
Address	1880 CHARDONNAY PLACE
City-State-Zip:	TALLAHASSEE FL 32317

Title	D
Name	SEAMON, FRED
Address	1122 SEMINOLE DR
City-State-Zip:	TALLAHASSEE FL 32301

Title	D
Name	CROMWELL, DODDS
Address	3638 LOVEJOY CT NE
City-State-Zip:	OLYMPIA WA 98506

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 607, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: FRED SEAMON**DIRECTOR**

01/18/2017

Electronic Signature of Signing Officer/Director Detail

Date