2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 03, 2001 8:00 am
Secretary of State
03-23-2001 90021 018 ****61.25

DOCUMENT # N00000003219

1. Entity Name

CENTRE POINTE OFFICE CONDOMINIUM ASSOCIATION, IN

Principal Place of Business	Mailing Address
1834 HERMITAGE BLVD. STE 201 TALLAHASSEE FL 32308	1834 HERMITAGE BLVD. STE 201 TALLAHASSEE FL 32308

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.: 2019 Centre Pointe Blvd Suite 101	Suite, Apt. #, etc.: 2019 Centre Pointe Blvd Suite 101
City & State: Tallahassee, FL	City & State: Tallahassee, FL
Zip: 32308 Country: U.S.A.	Zip: 32308 Country: U.S.A.

4. FEI Number: 59-3694685 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
MANAUSA, DANIEL A 3520 THOMASVILLE RD, 4TH FLOOR TALLAHASSEE FL 32308	Name Street Address (P.O. Box Number is Not Acceptable) City **FL** Zip Code

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.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW: FEE IS $61.25	9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees	Make Check Payable to Department of State

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD MOTTICE, JOHN P 1834 HERMITAGE BLVD, STE 201 TALLAHASSEE FL 32308	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition 2019 Centre Pointe Blvd., Suite 101 Tallahassee, FL 32308
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VSTD CARLSON, MARVIN W 1834 HERMITAGE BLVD, STE 201 TALLAHASSEE FL 32308	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition 2019 Centre Pointe Blvd., Suite 102 Tallahassee, FL 32308
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D MOTTICE, GWENDOLYN S 1834 HERMITAGE BLVD, STE 201 TALLAHASSEE FL 32308	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition 2019 Centre Pointe Blvd., Suite 101 Tallahassee, FL 32308
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D CARLSON, MARGARET B 1834 HERMITAGE BLVD, STE 201 TALLAHASSEE FL 32308	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition 2019 Centre Pointe Blvd., Suite 102 Tallahassee, FL 32308
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition

CR2E037 (10/00)

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: SIGNATURE REQUIRED President 2/26/01 850-386-2117
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #