

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 27, 2005 08:00 AM
Secretary of State

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1. Entity Name
CENTRE POINTE OFFICE CONDOMINIUM
ASSOCIATION, INC.



Principal Place of Business
2019 CENTRE POINT BLVD
TALLAHASSEE, FL 32308

Mailing Address
2019 CENTRE POINT BLVD
TALLAHASSEE, FL 32308



01072005 No Chg-NP CR2E037 (10/03)

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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

MANAUSA, DANIEL A
3520 THOMASVILLE RD., 4TH FLOOR
TALLAHASSEE, FL 32308

**DO NOT WRITE
IN THIS SPACE**

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

Filing Fee is \$61.25
Due by May 1, 2005

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

000000336878
04/27/05-80144-010 61.25

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	MOTTICE, JOHN P
STREET ADDRESS	2019 CENTRE POINTE BLVD SUITE #101
CITY-STATE-ZIP	TALLAHASSEE, FL 32308
TITLE	VSTD
NAME	CARLSON, MARVIN W
STREET ADDRESS	3733 TOM JOHN LANE
CITY-STATE-ZIP	TALLAHASSEE, FL 32309
TITLE	D
NAME	MOTTICE, GWENDOLYN S
STREET ADDRESS	2019 CENTRE POINTE BLVD SUITE #101
CITY-STATE-ZIP	TALLAHASSEE, FL 32308
TITLE	D
NAME	CARLSON, MARGARET B
STREET ADDRESS	3733 TOM JOHN LANE
CITY-STATE-ZIP	TALLAHASSEE, FL 32309
TITLE	
NAME	
STREET ADDRESS	
CITY-STATE-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-STATE-ZIP	

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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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:

John P. Mottice President
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/22/05
Date

850-386-2117
Daytime Phone #