

# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 28, 2006 8:00 am**  
**Secretary of State**

04-28-2006 90204 025 \*\*\*\*61.25

<b>DOCUMENT # N00000003219</b> 1. Entity Name <b>CENTRE POINTE OFFICE CONDOMINIUM ASSOCIATION, INC.</b>					
Principal Place of Business <b>2019 CENTRE POINT BLVD TALLAHASSEE, FL 32308</b>				Mailing Address <b>2019 CENTRE POINT BLVD TALLAHASSEE, FL 32308</b>	
2. Principal Place of Business <b>446 Conradi St., Suite, Apt. #, etc. H107</b>				3. Mailing Address <b>P.O. Box 12579 Suite, Apt. #, etc.</b>	
City & State <b>Tallahassee, FL</b>		City & State <b>Tallahassee, FL</b>		4. FEI Number <b>59-3694685</b>	
Zip <b>32304</b>		Country <b>USA</b>		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent <b>MANAUSA, DANIEL A 3520 THOMASVILLE RD., 4TH FLOOR TALLAHASSEE, FL 32308</b>				7. Name and Address of New Registered Agent Name <b>John P. Mottice</b> Street Address (P.O. Box Number is Not Acceptable) <b>446 Conradi St., H107</b> City <b>Tallahassee</b> FL <b>32304</b>	
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  <b>John P. Mottice, President</b> <span style="float: right;">4/26/06</span> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
<b>Filing Fee is \$61.25 Due by May 1, 2006</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>		<b>Make check payable to Florida Department of State</b>	
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD MOTTICE, JOHN P 2019 CENTRE POINTE BLVD SUITE #107 TALLAHASSEE, FL 32308	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD Same 446 Conradi St, H107 Tallahassee, FL 32304
		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VSTD CARLSON, MARVIN W 3733 TOM JOHN LANE TALLAHASSEE, FL 32309	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	Same 446 Conradi St, #107 Tallahassee, FL 32304
		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MOTTICE, GWENDOLYN S 2019 CENTRE POINTE BLVD SUITE #107 TALLAHASSEE, FL 32308	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	Same 446 Conradi St, #107 Tallahassee, FL 32304
		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CARLSON, MARGARET B 3733 TOM JOHN LANE TALLAHASSEE, FL 32309	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	Same 446 Conradi St, #107 Tallahassee, FL 32304
		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
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:  <b>John P. Mottice, President</b> <span style="float: right;">4/26/06 850-386-2117</span> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					

60030702



04222006 Chg-NP CR2E037 (11/05)