

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N00000003219

FILED
Apr 08, 2008
Secretary of State

Entity Name: CENTRE POINTE OFFICE CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business:

446 CONRADI ST
H107
TALLAHASSEE, FL 32304

New Principal Place of Business:

3745 TOM JOHN LANE
TALLAHASSEE, FL 32309

Current Mailing Address:

POB 12579
TALLAHASSEE, FL 32317

New Mailing Address:

P.O. BOX 12579
TALLAHASSEE, FL 323172579

FEI Number: 59-3694685

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MOTTICE, JOHN P
446 CONRADI ST H107
TALLAHASSEE, FL 32304 US

Name and Address of New Registered Agent:

MOTTICE, JOHN P
3745 TOM JOHN LANE
TALLAHASSEE, FL 32309 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: _____

04/08/2008

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: MOTTICE, JOHN P
Address: 446 CONRADI ST H107
City-St-Zip: TALLAHASSEE, FL 32304

Title: VSTD () Delete
Name: CARLSON, MARVIN W
Address: 3733 TOM JOHN LANE
City-St-Zip: TALLAHASSEE, FL 32309

Title: D () Delete
Name: MOTTICE, GWENDOLYN S
Address: 446 CONRADI ST H107
City-St-Zip: TALLAHASSEE, FL 32304

Title: D () Delete
Name: CARLSON, MARGARET B
Address: 3733 TOM JOHN LANE
City-St-Zip: TALLAHASSEE, FL 32309

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: MOTTICE, JOHN P
Address: 3745 TOM JOHN LANE
City-St-Zip: TALLAHASSEE, FL 32309

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: D (X) Change () Addition
Name: MOTTICE, GWENDOLYN S
Address: 3745 TOM JOHN LANE
City-St-Zip: TALLAHASSEE, FL 32309

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: JOHN P. MOTTICE

PD

04/08/2008

Electronic Signature of Signing Officer or Director

Date