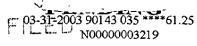
2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR) DOCUMENT # N0000003219 1. Entity Name



03 APR -7 AM 11:52

CENTRE POINTE OFFICE CONDOMINIUM ASSOCIATION, IN C.					SECRETARY OF STATE TALLAHASSEE, FLORIDA				
Principal Place of Business 2019 CENTRE POINTE BLVD TALLAHASSEE PL 32308		Mailing Address 2019 CENTRE POINTE BLVD TALLAHASSEE FL 32308							
2 Principal I	Place of Business	3. Mailing Address							
z. Finoparriade di Educado		o. Maining Addices			T TESTITATION CONTRACTOR AND STATEMENT OF THE CONTRACTOR OF THE STATEMENT				
Suite, Apt. #, etc.		Suite, Apt. #, etc.			☐ CHECK HERE IF MAKING CHANGES				
City & State		City & State			4. FEI Number 59-3694685			Applied For Not Applicable	
Zip Country		Zip		untry	5. Certificate of Sta	tus Desired	\$8.75 Ac		7-
	6. Name and Address of Current	t Registered Agent	<u> </u>	Γ	7. Name and Addre	ess of New Registered		-	┨
				Name					1
3520 TH	A, DANIEL A DMASVILLE RD, 4TH FLOOR SSEE FL 32308		Street Address		s (P.O. Box Number is No	ot Acceptable)			1
IALDANA K	SOILE 11, 32300	_		City		FL	Zip Cod		-
the obliga	e harned antity submits this statement for lions of registered agent	or the purpose of changing its	register	ed office or regis	tered agent, or both, in th	e State of Florida. I am t	amiliar with,	, and accept	
SIGNATURÉ	Signature, typed or printed name of registered agent	and title if applicable. (NOTE	: Registere	d Agent signature requi	red when reinstating)	DATE			
1	FILE NOW: FEE IS \$61.25	9. Election Can Trust Fund C			\$5.00 May Be Added to Fees	Make Checi Florida Depar	-		
10.	OFFICERS AND DI	RECTORS	11.		ADDITIONS/CHANGES	TO OFFICERS AND DIE	RECTORS IN	N 10	}
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD MOTTICE, JOHN P 2019 CENTRE POINTE BLVD SUI TALLAHASSEE FL 32308	☐ Delete		l l			☐ Change	Addition	CR2E037 (10/02)
TITLE NAME	VSTD CARLSON, MARVIN W_	☐ Delete	TITLE	E			☐ Change	Addition	SPS
STREET ADDRESS CITY-ST-ZIP	2019 CENTRE POINTE BLVD SUI TALLAHASSEE FL 32308	TE \$102		ET ADORESS -ST-ZIP					
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MOTTICE, GWENDOLYN S 2019 CENTRE POINTE BLVD SUI TALLAHASSEE FL 32308	☐ Delete		E ET ADDRESS -SI-ZIP	Rajo		☐ Change	Addition	
TITLE NAME STREET ADORESS CITY-ST-ZIP	D CARLSON, MARGARET B 2019 CENTRE POINTE BLVD SUI TALLAHASSEE FL 32308	☐ Delete		,		·	Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete		1			Change	☐ Addition	:
TITLE NAME STREET ADORESS CITY-ST-ZIP		Delete		,			☐ Change	☐ Addition	
indicated of the cor	certify that the information supplied with on this report or supplemental report is poration or the receiver or trustee empor or on an attachment with an address, v	true and accurate and that my owered to execute this report a	V SIGNAL	ure shall have the	same lenal effect as it m	isde under noth, that I ar	an officer	or disposes	

SIGNATURE:

MATUPA DAL MOUIRED AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/26/03

850-386-2117