

**2008 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 01, 2008 08:00 AM
Secretary of State

DOCUMENT # N00000005102 1. Entity Name WESTPOINTE CENTRE ASSOCIATION, INC.	
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Principal Place of Business 6820 LYONS TECHNOLOGY CIR #100 POMPANO BEACH, FL 33073	Mailing Address 6820 LYONS TECHNOLOGY CIR #100 POMPANO BEACH, FL 33073
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DO NOT WRITE IN THIS SPACE



04242008 No Chg-NP CR2E037 (4/06)

4. FEI Number 36-4409431	Applied For Not Applicable
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

**BUTTERS, MALCOLM
6820 LYONS TECHNOLOGY CIR
#100
POMPANO BEACH, FL 33073**

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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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

Filing Fee is \$61.25 Due by May 1, 2008	9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees	U000000939197 05/28/08-80017-021 61.25
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10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	DP BUTTERS, MALCOLM 6820 LYONS TECHNOLOGY CIR STE 100 POMPANO BEACH, FL 33073
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DS BUTTERS, MARK 6820 LYONS TECHNOLOGY CIR STE 100 POMPANO BEACH, FL 33073
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DT SIEGEL, NED 1096 E. NEWPORT CENTER DRIVE #100 DEERFIELD BEACH, FL 33442
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

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IN THIS SPACE**

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: _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date _____ Daytime Phone # _____