

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N00000005102

FILED  
Apr 28, 2009  
Secretary of State

Entity Name: WESTPOINTE CENTRE ASSOCIATION, INC.

**Current Principal Place of Business:**

6820 LYONS TECHNOLOGY CIR  
#100  
POMPANO BEACH, FL 33073

**New Principal Place of Business:**

**Current Mailing Address:**

6820 LYONS TECHNOLOGY CIR  
#100  
POMPANO BEACH, FL 33073

**New Mailing Address:**

FEI Number: 36-4409431

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

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

**Name and Address of New Registered Agent:**

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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: DP ( ) Delete  
Name: BUTTERS, MALCOLM  
Address: 6820 LYONS TECHNOLOGY CIR STE 100  
City-St-Zip: POMPANO BEACH, FL 33073

Title: DS ( ) Delete  
Name: BUTTERS, MARK  
Address: 6820 LYONS TECHNOLOGY CIR STE 100  
City-St-Zip: POMPANO BEACH, FL 33073

Title: DT ( ) Delete  
Name: SIEGEL, NED  
Address: 1096 E. NEWPORT CENTER DRIVE #100  
City-St-Zip: DEERFIELD BEACH, FL 33442

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

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

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

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: MALCOLM BUTTERS

DP

04/28/2009

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date