

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N07000011265

FILED  
Jul 15, 2008  
Secretary of State

Entity Name: CENTERPOINTE AT MONROE OWNERS ASSOCIATION, INC.

**Current Principal Place of Business:**

3105 WEST WATERS AVE SUITE 107  
TAMPA, FL 33614

**New Principal Place of Business:**

**Current Mailing Address:**

3105 WEST WATERS AVE SUITE 107  
TAMPA, FL 33614

**New Mailing Address:**

FEI Number: FEI Number Applied For (X) FEI Number Not Applicable ( ) Certificate of Status Desired ( )  
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

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

MILLS, FREDERICK J  
1200 WEST PLATT STREET SUITE 100  
TAMPA, FL 33606 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: D ( ) Delete  
Name: CULLIGAN, DAVID  
Address: 3105 WEST WATERS AVE SUITE 107  
City-St-Zip: TAMPA, FL 33614

Title: D ( ) Delete  
Name: FERNANDEZ, LORRAINE  
Address: 3105 WEST WATERS AVE SUITE 107  
City-St-Zip: TAMPA, FL 33614

Title: D ( ) Delete  
Name: PETEL, SACHIN  
Address: 3105 WEST WATERS AVE SUITE 107  
City-St-Zip: TAMPA, FL 33614

Title: D ( ) Delete  
Name: WOLFE, BRIAN  
Address: 3105 WEST WATERS AVE SUITE 107  
City-St-Zip: TAMPA, FL 33614

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

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

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

Title: D (X) Change ( ) Addition  
Name: PATEL, SACHIN  
Address: 3105 WEST WATERS AVE SUITE 107  
City-St-Zip: TAMPA, FL 33614

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: SACHIN PATEL

D

07/15/2008

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date