2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 28, 2009
Secretary of State

DOCUMENT# N07000011265

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 ( )**

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: PATEL, 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: ( ) 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: SACHIN PATEL D 04/28/2009

Electronic Signature of Signing Officer or Director Date