


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 29, 2005 8:00 am
Secretary of State

04-29-2005 90258 041 ****61.25

DOCUMENT # N10586 1. Entity Name CENTERPOINTE CONDOMINIUM ASSOCIATION, INC.	
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Principal Place of Business 4400 W SAMPLE RD STE 200 COCONUT CREEK, FL 33073 US	Mailing Address 4400 W SAMPLE RD STE 200 COCONUT CREEK, FL 33073 US
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04252005 No Chg-NP CR2E037 (10/03)

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4. FEI Number 59-2585529	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

GREENBERG, MICHAEL
 4400 W SAMPLE ROAD
 SUITE 200
 COCONUT CREEK, FL 33073

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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 _____
Signature, typed or printed name of registered agent and title if applicable.

Filing Fee is \$61.25
Due by May 1, 2005

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD BEER, T.R. MR 4400 W SAMPLE ROAD, STE 200 COCONUT CREEK, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD CLEMENT, GARY MR 4400 W SAMPLE RD., STE. 200 COCONUT CREEK, FL 33073
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD RODGERS, FRANK MR 4400 W SAMPLE RD., STE. 200 COCONUT CREEK, FL 33073
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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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: Frank Rodgers FRANK RODGERS April 22, 2005 (954) 973-4490
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #