
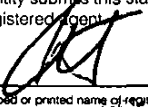
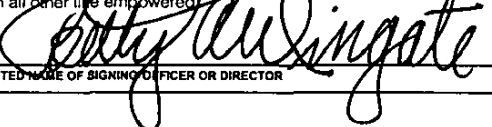


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 09, 2006 8:00 am
Secretary of State

05-09-2006 90070 045 ****61.25

DOCUMENT # N10586			
1. Entity Name CENTERPOINTE CONDOMINIUM ASSOCIATION, INC.			
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	
2. Principal Place of Business Transcontinental Property		3. Mailing Address Transcontinental Property	
Suite, Apt. #, etc. 1323 Lyons Road		Suite, Apt. #, etc. 1323 Lyons Road	
City & State Coconut Creek, FL		City & State Coconut Creek, FL	
Zip 33063	Country USA	Zip 33063	Country USA
6. Name and Address of Current Registered Agent GREENBERG, MICHAEL 4400 W SAMPLE ROAD SUITE 200 COCONUT CREEK, FL 33073		7. Name and Address of New Registered Agent Name ROBERT C. MARTIN, ESO. Street Address (P.O. Box Number is Not Acceptable) 319 S.E. 14th Street City Ft. Lauderdale FL Zip Code 33316	
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 		DATE 4-28-06	
Signature, typed or printed name of registered agent and title if applicable.		(NOTE: Registered Agent signature required when reinstating)	
Registration Fee is \$61.25 Due by May 1, 2006		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
Make check payable to Florida Department of State			
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE PD	BEER, T.R. MR <input checked="" type="checkbox"/> Delete	TITLE P/D	Betty Wingate <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	4400 W SAMPLE ROAD, STE 200	NAME	2497 N.W. 49th Terrace
STREET ADDRESS	COCONUT CREEK, FL	STREET ADDRESS	Coconut Creek, FL 33063
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE VD	CLEMENT, GARY MR <input checked="" type="checkbox"/> Delete	TITLE T/D	Richard Saul <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	4400 W SAMPLE RD., STE. 200	NAME	2473 N.W. 49th Terrace
STREET ADDRESS	COCONUT CREEK, FL 33073	STREET ADDRESS	Coconut Creek, FL 33063
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE STD	RODGERS, FRANK MR <input checked="" type="checkbox"/> Delete	TITLE S/D	Dannielle Kukar <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	4400 W SAMPLE RD., STE. 200	NAME	2466 N.W. 49th Terrace
STREET ADDRESS	COCONUT CREEK, FL 33073	STREET ADDRESS	Coconut Creek, FL 33063
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
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 life empowered.			
SIGNATURE: BETTY WINGATE 		Date 4-27-06 954-9732400	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone #	

ATTACHMENT
LAW OFFICES
MARTIN & BENNIS, P.A.

ROBERT C. MARTIN
RANDY M. BENNIS

319 SOUTHEAST 14TH STREET
FORT LAUDERDALE, FLORIDA 33316-1929

FAX (954) 522-8610
TELEPHONE (954) 524-5331

40089206
#1105810

May 1, 2006

Department of State
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Re: Centerpointe Condominium Association,
Inc./Annual Report (2006)

Dear Sir or Madam:

Enclosed please find the following:

1. Annual Report; and
2. Our check number 36302 in the sum of \$61.25 made payable to Florida Department of State.

Please file this document and provide us with a file stamped copy of same.

Should you have any questions, please feel free to contact me.

Very truly yours,

MARTIN & BENNIS, P.A.



Robert C. Martin

RCM:skk
enclosures

cc: Betty Wingate, President
Thomas L. Messer, CAM