


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 30, 2007 8:00 am
Secretary of State

04-30-2007 90473 027 ****61.25

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|--|-------------------------|--|---|---|--|
| DOCUMENT # N10586 | | | |  | |
| 1. Entity Name CENTERPOINTE CONDOMINIUM ASSOCIATION, INC. | | | | | |
| Principal Place of Business TRANSCONTINENTAL PROPERTY 1323 LYONS ROAD COCONUT CREEK, FL 33063 US | | | Mailing Address TRANSCONTINENTAL PROPERTY 1323 LYONS ROAD COCONUT CREEK, FL 33063 US | | |
| 2. Principal Place of Business - No P.O. Box # | | | 3. Mailing Address | | |
| Suite, Apt. #, etc. | | | Suite, Apt. #, etc. | | |
| City & State | | | City & State | | |
| Zip | Country | Zip | Country | 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 | | | | 7. Name and Address of New Registered Agent | |
| MARTIN, ROBERT 319 S.E. 14TH STREET FORT LAUDERDALE, FL 33316 | | | | Name | |
| | | | | Street Address (P.O. Box Number is Not Acceptable) | |
| | | | | City | |
| | | | | FL Zip Code | |
| 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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small> | | | | | |
| Filing Fee is \$61.25 Due by May 1, 2007 | | 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 | <input type="checkbox"/> Delete | | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | WINGATE, BETTY | | | NAME | |
| STREET ADDRESS | 2497 NO 49TH TERRACE | | | STREET ADDRESS | |
| CITY-ST-ZIP | COCONUT CREEK, FL 33063 | | | CITY-ST-ZIP | |
| TITLE | TD | <input type="checkbox"/> Delete | | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | SAUL, RICHARD | | | NAME | |
| STREET ADDRESS | 2473 NW 49TH TERRACE | | | STREET ADDRESS | |
| CITY-ST-ZIP | COCONUT CREEK, FL 33063 | | | CITY-ST-ZIP | |
| TITLE | SD | <input checked="" type="checkbox"/> Delete | | TITLE | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME | KUKAR, DANNIELLE | | | NAME | <i>SD</i> |
| STREET ADDRESS | 2466 NW 49TH TERRACE | | | STREET ADDRESS | <i>T. CAMPBELL</i> |
| CITY-ST-ZIP | COCONUT CREEK, FL 33063 | | | CITY-ST-ZIP | <i>2491 NW 49th Terr Coconut Creek FL 33063</i> |
| 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 like empowered. | | | | | |
| SIGNATURE: <i>Betty Wingate</i> | | | | Date: <i>04/25/07</i> | |
| <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small> | | | | <small>Date</small> | |
| | | | | <small>Daytime Phone #</small> | |