

**2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 04, 2008 8:00 am**  
**Secretary of State**


04-04-2008 90024 033 \*\*\*\*61.25

40059190



01082008 No Chg-NP CR2E037 (4/06)

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

DOCUMENT # N10586 1. Entity Name CENTERPOINTE CONDOMINIUM ASSOCIATION, INC.	
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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
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**DO NOT WRITE IN THIS SPACE**

6. Name and Address of Current Registered Agent  
 MARTIN, ROBERT  
 319 S.E. 14TH STREET  
 FORT LAUDERDALE, FL 33316

**DO NOT WRITE IN THIS SPACE**

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.

<b>Filing Fee is \$61.25 Due by May 1, 2008</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees
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10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD WINGATE, BETTY 2497 NO 49TH TERRACE COCONUT CREEEK, FL 33063
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD SAUL, RICHARD 2473 NW 49TH TERRACE COCONUT CREEK, FL 33063
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD CAMPBELL, T 2491 NW 49TH TERRACE COCONUT CREEK, FL 33063
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE IN THIS SPACE**

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: Betty Wingate Date: 03/28/08 Daytime Phone #: 954-979-3620  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR