

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

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

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

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**

40059140



01082008 No Chg-NP CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-2585529

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional
Fee Required**

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25
Due by May 1, 2008**

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
WINGATE, BETTY
2497 NO 49TH TERRACE
COCONUT CREEK, 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**

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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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

03/28/08

Date

954-979-3620

Daytime Phone #