

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N10586

FILED
Apr 03, 2009
Secretary of State

Entity Name: CENTERPOINTE CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business:

TRANSCONTINENTAL PROPERTY
1323 LYONS ROAD
COCONUT CREEK, FL 33063 US

New Principal Place of Business:

Current Mailing Address:

TRANSCONTINENTAL PROPERTY
1323 LYONS ROAD
COCONUT CREEK, FL 33063 US

New Mailing Address:

FEI Number: 59-2585529 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MARTIN, ROBERT
319 S.E. 14TH STREET
FORT LAUDERDALE, FL 33316 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

_____ Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: WINGATE, BETTY
Address: 2497 NO 49TH TERRACE
City-St-Zip: COCONUT CREEEK, FL 33063

Title: TD () Delete
Name: SAUL, RICHARD
Address: 2473 NW 49TH TERRACE
City-St-Zip: COCONUT CREEK, FL 33063

Title: SD () Delete
Name: CAMPBELL, T
Address: 2491 NW 49TH TERRACE
City-St-Zip: COCONUT CREEK, FL 33063

Title: () Delete
Name:
Address:
City-St-Zip:

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: D (X) Change () Addition
Name: SAUL, RICHARD
Address: 2473 NW 49TH TERRACE
City-St-Zip: COCONUT CREEK, FL 33063

Title: SD (X) Change () Addition
Name: RAMOS, TANYA
Address: 2507 NW 49TH TERRACE
City-St-Zip: COCONUT CREEK, FL 33063

Title: TD () Change (X) Addition
Name: PADRON, JESSICA
Address: 2415 NW 49 TH TERRACE
City-St-Zip: COCONUT CREEK, FL 33063

Title: VPD () Change (X) Addition
Name: ROGERS, JAMES
Address: 2425 NW 49 TH TERRACE
City-St-Zip: COCONUT CREEK, FL 33063

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: BETTY WINGATE

PD

04/03/2009

Electronic Signature of Signing Officer or Director

_____ Date