

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N17567

FILED
Apr 17, 2006
Secretary of State

Entity Name: CENTRE POINTE ASSOCIATION, INC.

Current Principal Place of Business:

C/O J.M. SMITH
2831 N.W. 91ST ST., STE. #G
GAINESVILLE, FL 32605

Current Mailing Address:

C/O J.M. SMITH
2831 N.W. 91ST ST., STE. #G
GAINESVILLE, FL 32605

New Principal Place of Business:

C/O J.M. SMITH
2831 N.W. 91ST ST., STE. #G
GAINESVILLE, FL 32606

New Mailing Address:

C/O J.M. SMITH
2831 N.W. 91ST ST., STE. #G
GAINESVILLE, FL 32606

FEI Number: 59-2762484

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SMITH, J M
10424 SW 41ST PL
GAINESVILLE, FL 32608 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: P () Delete
Name: J.M. SMITH,
Address: 2831 N.W. 41ST # G
City-St-Zip: GAINESVILLE, FL 32606

Title: STD () Delete
Name: SMITH, TOBA,
Address: 10424 SW 41ST PL
City-St-Zip: GAINESVILLE, FL 32608

Title: VPDT () Delete
Name: DR GILDA JOSEPHSON,
Address: 2831 NW 41 STREET # F
City-St-Zip: GAINESVILLE, FL 32606

Title: VPDS () Delete
Name: DR. GARY KANTER,
Address: 2831 N.W. 41ST # C
City-St-Zip: GAINESVILLE, FL 32606

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

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

I hereby certify that the information supplied with this filing does not qualify for the 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: J.M.SMITH

PRES

04/17/2006

Electronic Signature of Signing Officer or Director

Date