

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N17567

FILED  
Apr 03, 2008  
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 32606

**New Principal Place of Business:**

**Current Mailing Address:**

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

**New Mailing Address:**

**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: BRETT TAMBLING,  
Address: 2831 N.W. 41ST # A  
City-St-Zip: GAINESVILLE, FL 32606

Title: VPDS ( ) Delete  
Name: ROBYN DENNY MACKAY,  
Address: 2831 NW 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:

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

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: J.M. SMITH

PRES

04/03/2008

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date