

# **2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N17567

**FILED**  
**Jan 05, 2011**  
**Secretary of State**

**Entity Name:** CENTRE POINTE ASSOCIATION, INC.

**Current Principal Place of Business:**

C/O J.M. SMITH  
2831 N.W. 41ST STREET ., STE. #G  
GAINESVILLE, FL 32606

**New Principal Place of Business:**

**Current Mailing Address:**

C/O J.M. SMITH  
2831 N.W. 41ST STREET , 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  
Name: J.M. SMITH  
Address: 2831 N.W. 41ST # G  
City-St-Zip: GAINESVILLE, FL 32606

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

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

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

Title: VPDS  
Name: ROBYN DENNY MACKAY  
Address: 2831 NW 41ST. #C  
City-St-Zip: GAINESVILLE, FL 32606

I hereby 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 all other like empowered.

SIGNATURE: J.M. SMITH

PRES

01/05/2011

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

\_\_\_\_\_  
Date