

**2007 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 24, 2007 08:00 AM
Secretary of State

DOCUMENT # N48706

1. Entity Name
**CENTRE POINTE PROPERTY OWNERS ASSOCIATION,
INC.**



Principal Place of Business
**234 OFFICE PLAZA DR.
TALLAHASSEE, FL 32301 US**

Mailing Address
**234 OFFICE PLAZA DR.
TALLAHASSEE, FL 32301 US**



04062007 No Chg-NP

CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-3368654

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**PERKINS, EVERALL D
234 OFFICE PLAZA DR.
TALLAHASSEE, FL 32301**

**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 re-registering)

DATE

**Filing Fee is \$81.25
Due by May 1, 2007**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE PD
NAME PARRISH, ROBERT
STREET ADDRESS 1701 HERMITAGE BLVD., SUITE 203
CITY-ST-ZIP TALLAHASSEE, FL 32308

TITLE D
NAME PERKINS, EVERALL D
STREET ADDRESS 234 OFFICE PLAZA DR.
CITY-ST-ZIP TALLAHASSEE, FL 32301

TITLE D
NAME VISCONTI, FRANK
STREET ADDRESS 2928 WELLINGTON CIR. S., SUITE 201
CITY-ST-ZIP TALLAHASSEE, FL 32308

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

U00000728508
05/07/07-80020-004 70.00

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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:

EVERALL D PERKINS
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

EVERALL D. PERKINS

4-6-07

Date

(850) 813-3131

Daytime Phone #