

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N97000003596

FILED
Feb 10, 2005
Secretary of State

Entity Name: CENTRE POINTE VILLAGE HOMEOWNERS ASSOCIATION, INC.

Current Principal Place of Business:

PO BOX 16632
TALLAHASSEE, FL 323176632 US

New Principal Place of Business:

Current Mailing Address:

PO BOX 16632
TALLAHASSEE, FL 323176632 US

New Mailing Address:

FEI Number: 59-3536364

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

JOYCE, SHIRLEY R
1978 MALLORY SQUARE
TALLAHASSEE, FL 32308 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: JOYCE, SHIRLEY F
Address: 1939 MALLORY SQ
City-St-Zip: TALLAHASSEE, FL 32308

Title: VPD () Delete
Name: HOWARD, LINDA
Address: 1931 MALLORY SQ
City-St-Zip: TALLAHASSEE, FL 32308

Title: TD () Delete
Name: KING, ARTHUR W
Address: 1909 MALLORY SQ
City-St-Zip: TALLAHASSEE, FL 32308

Title: S () Delete
Name: STANFORD, KAREN
Address: 1990 MALLORY SQ
City-St-Zip: TALLAHASSEE, FL 32308

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

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: JOYCE, SHIRLEY R PRES
Address: 1939 MALLORY SQ
City-St-Zip: TALLAHASSEE, FL 32308 US

Title: VPD (X) Change () Addition
Name: COREY, DARRYL V. PRES
Address: 1982 MALLORY SQ
City-St-Zip: TALLAHASSEE, FL 32308 US

Title: TD (X) Change () Addition
Name: KING, ARTHUR W TREAS
Address: 1909 MALLORY SQ
City-St-Zip: TALLAHASSEE, FL 32308 US

Title: SD (X) Change () Addition
Name: STANFORD, KAREN SEC
Address: 1990 MALLORY SQ
City-St-Zip: TALLAHASSEE, FL 32308 US

Title: M@LD () Change (X) Addition
Name: TILLMAN, LEWIE MEM @ L
Address: 1926 MALLORY SQ
City-St-Zip: TALLAHASSEE, FL 32308 US

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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: SHIRLEY R JOYCE

PRES

02/10/2005

Electronic Signature of Signing Officer or Director

Date