2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N97000003596

FILED Mar 22, 2007 Secretary of State

Entity Name: CENTRE POINTE VILLAGE HOMEOWNERS ASSOCIATION, INC.

Current Principal Place of Business: New Principal Place of Business:

PO BOX 16632 1909 MALLORY SQ.

TALLAHASSEE, FL 323176632 US TALLAHASSEE, FL 32308 US

Current Mailing Address: New Mailing Address:

PO BOX 16632 1909 MALLORY SQ.

TALLAHASSEE, FL 323176632 US TALLAHASSEE, FL 32308 US

FEI Number: 59-3536364 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

KING, ARTHUR W 1909 MALLORY SQUARE TALLAHASSEE, FL 32308 US

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:

Date

Electronic Signature of Registered Agent

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

(X) Change () Addition () Delete TILLMAN, LEWIE PRES STUBING, DEBORAH PRES Name: Name: 1926 MALLORY SQ Address: 1933 MALLORY SQ Address: City-St-Zip: TALLAHASSEE, FL 32308 US City-St-Zip: TALLAHASSEE, FL 32308 US

Title: () Delete Title: (X) Change () Addition COREY, DARRYL V. PRES Name: JOYCE, SHIRLEY V. PRES Name:

Address: 1982 MALLORY SQ Address: 1939 MALLORY SQ

City-St-Zip: TALLAHASSEE, FL 32308 US City-St-Zip: TALLAHASSEE, FL 32308 US

Title: () Delete Title: () Change () Addition

KING, ARTHUR W TREAS Name: Name: Address: 1909 MALLORY SQ Address: City-St-Zip: TALLAHASSEE, FL 32308 US City-St-Zip:

Title: SD () Delete Title: SD (X) Change () Addition

FOGEL,, FREDRICK SEC Name: Name: SHAW, MABEL SEC Address: 1963 MALLORY SQ Address: 1955 MALLORY SQ City-St-Zip: TALLAHASSEE, FL 32308 US City-St-Zip: TALLAHASSEE, FL 32308 US

Title: M@LD () Delete Title: M@LD (X) Change () Addition JOYCE, SHIRLEY R MEM @ L TILLMAN, LEWIE MEM @ L Name: Name:

1939 MALLORY SQ 1926 MALLORY SQ Address: Address:

TALLAHASSEE, FL 32308 US City-St-Zip: TALLAHASSEE, FL 32308 US 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: ARTHUR W KING TD 03/22/2007