2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 03, 2008
Secretary of State

DOCUMENT# N97000003596

Entity Name: CENTRE POINTE VILLAGE HOMEOWNERS ASSOCIATION, INC.

Current Principal Place of Business:

1909 MALLORY SQ.
TALLAHASSEE, FL 32308 US

New Principal Place of Business:

Current Mailing Address:

1909 MALLORY SQ.
TALLAHASSEE, FL 32308 US

New Mailing Address:

FEI Number: 59-3536364 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

KING, ARTHUR W
1909 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: STUBING, DEBORAH PRES
Address: 1933 MALLORY SQ
City-St-Zip: TALLAHASSEE, FL 32308 US

Title: VPD ( ) Delete
Name: JOYCE, SHIRLEY V. PRES
Address: 1939 MALLORY SQ
City-St-Zip: TALLAHASSEE, FL 32308 US

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

Title: SD ( ) Delete
Name: SHAW, MABEL SEC
Address: 1955 MALLORY SQ
City-St-Zip: TALLAHASSEE, FL 32308 US

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

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: SD (X) Change ( ) Addition
Name: JAMESON, PAM SEC
Address: 1925 MALLORY SQ
City-St-Zip: TALLAHASSEE, FL 32308 US

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: ARTHUR W. KING TD 05/03/2008

Electronic Signature of Signing Officer or Director — Date