

**2014 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N00000003219

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

**Current Principal Place of Business:**

3745 TOM JOHN LANE  
TALLAHASSEE, FL 32309

**Current Mailing Address:**

P.O. BOX 12579  
TALLAHASSEE, FL 32317-2579

**FEI Number:** 59-3694685

**Certificate of Status Desired:** No

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

MOTTICE, JOHN P  
3745 TOM JOHN LANE  
TALLAHASSEE, FL 32309 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:**

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title PD  
Name MOTTICE, JOHN P  
Address 3745 TOM JOHN LANE  
City-State-Zip: TALLAHASSEE FL 32309

Title D  
Name MOTTICE, GWENDOLYN S  
Address 3745 TOM JOHN LANE  
City-State-Zip: TALLAHASSEE FL 32309

Title VSTD  
Name CARLSON, MARVIN W  
Address 3733 TOM JOHN LANE  
City-State-Zip: TALLAHASSEE FL 32309

Title D  
Name CARLSON, MARGARET B  
Address 3733 TOM JOHN LANE  
City-State-Zip: TALLAHASSEE FL 32309

*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:** JOHN P MOTTICE

PM

04/30/2014

Electronic Signature of Signing Officer/Director Detail

Date