

**2024 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N00000005102

**Entity Name:** WESTPOINTE CENTRE ASSOCIATION, INC.

**Current Principal Place of Business:**

6820 LYONS TECHNOLOGY CIR  
#100  
POMPANO BEACH, FL 33073

**Current Mailing Address:**

6820 LYONS TECHNOLOGY CIR  
#100  
POMPANO BEACH, FL 33073

**FEI Number: 36-4409431**

**Certificate of Status Desired: No**

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

BUTTERS, MALCOLM  
6820 LYONS TECHNOLOGY CIR  
#100  
POMPANO BEACH, FL 33073 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            PRESIDENT  
Name            BUTTERS, MALCOLM  
Address        6820 LYONS TECHNOLOGY CIR STE  
                  100  
City-State-Zip: POMPANO BEACH FL 33073

Title            VP  
Name            CASTELLANOS, RAPLH  
Address        6820 LYONS TECHNOLOGY CIR STE  
                  100  
City-State-Zip: POMPANO BEACH FL 33073

Title            SECRETARY  
Name            WOOD, CHRISTINE  
Address        6820 LYONS TECHNOLOGY  
City-State-Zip: COCONUT CREEK FL

*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: MALCOLM BUTTERS**

**PRESIDENT**

**03/28/2024**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date