above, or on an attachment with all other like empowered.	
SIGNATURE: SACHIN PATEL	04/19/2017

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

#### DOCUMENT# N07000011265

# Entity Name: CENTERPOINTE AT MONROE OWNERS ASSOCIATION, INC.

# **Current Principal Place of Business:**

4600 W CYPRESS STREET SUITE 120 TAMPA, FL 33607

## **Current Mailing Address:**

4600 W CYPRESS ST STE 120 TAMPA, FL 33607

## FEI Number: 26-4807017

# Name and Address of Current Registered Agent:

MILLS, FREDERICK J 1200 WEST PLATT STREET SUITE 100 TAMPA, FL 33606 US

FILED Apr 19, 2017 Secretary of State CC8612101991

Date

Certificate of Status Desired: No

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

### **Officer/Director Detail :**

Officer/Director Detail .				
Title	D	Title	D	
Name	CULLIGAN, DAVID	Name	FERNANDEZ, LORRAINE	
Address	4600 W CYPRESS STREET SUITE 120	Address	4600 W CYPRESS STREET SUITE 120	
City-State-Zip:	TAMPA FL 33607	City-State-Zip:	TAMPA FL 33607	
Title	D	Title	D	
Name	PATEL, SACHIN	Name	WOLFE, BRIAN	
Address	4600 W CYPRESS STREET SUITE 120	Address	4600 W CYPRESS STREET SUITE 120	
City-State-Zip:	TAMPA FL 33607	City-State-Zip:	TAMPA FL 33607	

REPRESENTATIVE

Electronic Signature of Signing Officer/Director Detail