oath; that I am an officer or director of the corporation or the receiver or trustee empowered to		
above, or on an attachment with all other like empowered.		
SIGNATURE: SACHIN PATEL	AUTHORIZED REPRESENATIVE	04/20/2016

Electronic Signature of Signing Officer/Director Detail

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	

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.

MILLS, FREDERICK J

FEI Number: 26-4807017

Name and Address of Current Registered Agent:

1200 WEST PLATT STREET SUITE 100 TAMPA, FL 33606 US

2016 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

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

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

Date

FILED Apr 20, 2016 Secretary of State CC4607809047

Certificate of Status Desired: No

Date