

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1999FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS**FILED**
Apr 28, 1999 8:00 am
Secretary of State

04-28-1999 90005 013 ****70.00

DOCUMENT # 729534

1. Corporation Name

VIEWUX CARRE CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business

7628 N 56TH ST
SUITE 8
TAMPA FL 33617
US

Mailing Address

7628 N 56TH ST #8
TAMPA FL 33617
US

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

Country

24

25

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

Country

29

30

3. Date Incorporated or Qualified

05/02/1974

4. FEI Number

59-1607381

Applied For

Not Applicable

5. Certificate of Status Desired

**\$8.75** Additional
Fee Required6. Election Campaign Financing
Trust Fund Contribution**\$5.00** May Be
Added to Fees

9. Name and Address of Current Registered Agent

SPIVEY, WILLIAM C
C/O WISE PROPERTY MANAGEMENT
7628 N 56TH ST SUITE 8
TAMPA FL 33617

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent, and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE D
NAME OSBORNE, PEGGY
STREET ADDRESS 4453 VIEUX CARRE CIR
CITY-ST-ZIP TAMPA FL
☒ DELETETITLE PD
NAME HENNING, JAMES
STREET ADDRESS 4471 VIEUX CARRE CIR
CITY-ST-ZIP TAMPA FL
☒ DELETETITLE SD
NAME CAMACHO, CECEWA
STREET ADDRESS 4463 VIEUX CARRE CIR
CITY-ST-ZIP TAMPA FL 33613
☒ DELETETITLE TD
NAME HAYES, DAVID
STREET ADDRESS 4475 VIEUX CARRE CIR
CITY-ST-ZIP TAMPA FL 33613
☐ DELETETITLE D
NAME ABOLFATHI, ASSAD
STREET ADDRESS 4443 VIEUX CARRE CIR
CITY-ST-ZIP TAMPA FL 33613
☒ DELETETITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS / NO DIRECTORS IN 12

1.1 TITLE PD
1.2 NAME LITTLE FIELD, JODY
1.3 STREET ADDRESS 4415 VIEUX CARRE CIR
1.4 CITY-ST-ZIP TAMPA, FL 33613
☐ Change ☒ Addition2.1 TITLE VD
2.2 NAME HUFFER, CARL
2.3 STREET ADDRESS 4435 VIEUX CARRE CIR
2.4 CITY-ST-ZIP TAMPA, FL 33613
☐ Change ☒ Addition3.1 TITLE SD
3.2 NAME CHALUPA, GEORGIA ANN
3.3 STREET ADDRESS 4433 VIEUX CARRE CIRCLE
3.4 CITY-ST-ZIP TAMPA, FL 33613
☐ Change ☒ Addition4.1 TITLE TD
4.2 NAME HORNIK, JOHN
4.3 STREET ADDRESS 4425 VIEUX CARRE CIR
4.4 CITY-ST-ZIP TAMPA, FL 33613
☐ Change ☒ Addition5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP
☐ Change ☐ Addition6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP
☐ Change ☐ Addition

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my 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 in Block 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
LITTLE FIELD, JODY
DATE 4-15-99

Daytime Phone #

CR2E037 (11/98)