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FILED

Jan 27 1997 8:00am  
Secretary of State

NONPROFIT CORPORATION  
ANNUAL REPORT  
1997



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # 757907 (1)

1. Corporation Name

VIEWPOINT CONDOMINIUM ASSOCIATION, INC.



Principal Place of Business

Mailing Address

55 ROGERS ST  
CLEARWATER FL 34616

55 ROGERS ST  
CLEARWATER FL 34616-5295

3. Date Incorporated or Qualified  
05/07/1981

3a. Date of Last Report  
01/25/1996

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

23 City & State

28 City & State

24 Zip

25 Country

29 Zip

30 Country

4. FEI Number  
59-2109802

Applied For  
Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution

\$5.00 May Be Added to Fees

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes  Yes  No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

CROCHET, JOHN  
55 ROGERS ST., #402  
CLEARWATER FL 34616

81 Name Houtz, Duane  
82 Street Address (P.O. Box Number Is Not Acceptable) 55 Rogers St., #406  
83  
84 City Clearwater FL 85 Zip Code 34616

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 *Duane Houtz*

Duane Houtz

01/13/97

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	VD	<input type="checkbox"/> DELETE
NAME	AHRENS, MYRON L.	
STREET ADDRESS	55 ROGERS ST #503	
CITY-ST-ZIP	CLEARWATER, FL 00000	
TITLE	D	<input type="checkbox"/> DELETE
NAME	BRUMBACK, ROBERT	
STREET ADDRESS	55 ROGERS ST. #P-3	
CITY-ST-ZIP	CLEARWATER, FL 00000	
TITLE	PD	<input checked="" type="checkbox"/> DELETE
NAME	CROCHET, JOHN	
STREET ADDRESS	55 ROGERS ST. #402	
CITY-ST-ZIP	CLEARWATER, FL 00000	
TITLE	TD	<input type="checkbox"/> DELETE
NAME	THEROUX, ROBERT	
STREET ADDRESS	55 ROGERS ST. #206	
CITY-ST-ZIP	CLEARWATER FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	HARDICK, RUTH	
STREET ADDRESS	55 ROGERS ST. #201	
CITY-ST-ZIP	CLEARWATER FL	
TITLE	SD	<input checked="" type="checkbox"/> DELETE
NAME	HAUTZ, DUANE	
STREET ADDRESS	55 ROGERS ST. #406	
CITY-ST-ZIP	CLEARWATER FL 34616	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
1.1 TITLE	SD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	Butt, Audrey	
1.3 STREET ADDRESS	55 Rogers St., #505	
1.4 CITY-ST-ZIP	Clearwater, FL 34616	
2.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	Miles, John	
2.3 STREET ADDRESS	55 Rogers St., #303	
2.4 CITY-ST-ZIP	Clearwater, FL 34616	
3.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	Muyskens, Donald	
3.3 STREET ADDRESS	55 Rogers St., #404	
3.4 CITY-ST-ZIP	Clearwater, FL 34616	
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	Houtz, Duane	
6.3 STREET ADDRESS	55 Rogers St., #406	
6.4 CITY-ST-ZIP	Clearwater, FL 34616	

14. I do 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.

SIGNATURE: *R. Theroux* Robert Theroux 01/13/97 813/4432547

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone # 0000018

CR2E037 (9/96)