

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.
 AMOUNT DUE ON OR BEFORE 09/15/99: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

FILED
Jul 27, 1999 8:00 am
Secretary of State

07-27-1999 90009 021 ****61.25



NONPROFIT CORPORATION ANNUAL REPORT 1999

FLORIDA DEPARTMENT OF STATE
 Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # 757907

1. Corporation Name

VIEWPOINT CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business

Mailing Address

55 ROGERS ST
 CLEARWATER FL 34616-33756

55 ROGERS ST
 CLEARWATER FL 34616 33756



2. Principal Place of Business

2a. Mailing Address

3. Date Incorporated or Qualified
 05/07/1981

21 55 ROGERS ST

26 55 ROGERS ST

Suite, Apt. #, etc.

Suite, Apt. #, etc.

4. FEI Number
 59-2109802

Applied For
 Not Applicable

City & State

City & State

5. Certificate of Status Desired

\$8.75 Additional Fee Required

23 CLEARWATER, FL

28 CLEARWATER, FL

Zip Country

Zip Country

6. Election Campaign Financing Trust Fund Contribution

\$5.00 May Be Added to Fees

24 33756 25

29 33756 30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

HOUTZ, DUANE
 55 ROGERS ST #400
 CLEARWATER FL 34616

BUTT, AUDREY M.
 55 ROGERS ST, #505
 CLEARWATER, FL 33756

81 Name

MISS AUDREY M. BUTT

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

55 ROGERS STREET, Apt. #505

83

84 City

CLEARWATER

FL

85 Zip Code

33756

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

Audrey M. Butt President and Director

July 14, 1999

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE VD DELETE
 NAME AHRENS, MYRON L.
 STREET ADDRESS 55 ROGERS ST #503
 CITY-ST-ZIP CLEARWATER, FL 00000

1.1 TITLE Change Addition
 1.2 NAME AHRENS, MYRON L.
 1.3 STREET ADDRESS 55 ROGERS ST, APT. 503
 1.4 CITY-ST-ZIP CLEARWATER, FL 33756

TITLE ~~D~~ DELETE
 NAME BRUMBACK, ROBERT
 STREET ADDRESS 55 ROGERS ST #P-3
 CITY-ST-ZIP CLEARWATER, FL 00000

2.1 TITLE VD Change Addition
 2.2 NAME GEORGE FRANK
 2.3 STREET ADDRESS 55 ROGERS ST, APT. P-1
 2.4 CITY-ST-ZIP CLEARWATER, FL 33756

TITLE ~~D~~ DELETE
 NAME MUYSKINES, DONALD
 STREET ADDRESS 55 ROGERS ST, #404
 CITY-ST-ZIP CLEARWATER, FL 00000

3.1 TITLE Change Addition
 3.2 NAME KOHL, JUTTA
 3.3 STREET ADDRESS 55 ROGERS ST, APT. 106
 3.4 CITY-ST-ZIP CLEARWATER, FL 33756

TITLE ~~FD~~ DELETE
 NAME THEROUX, ROBERT
 STREET ADDRESS 55 ROGERS ST #208
 CITY-ST-ZIP CLEARWATER FL

4.1 TITLE TD Change Addition
 4.2 NAME STRANGE, SUZANNE
 4.3 STREET ADDRESS 55 ROGERS ST, APT. 205
 4.4 CITY-ST-ZIP CLEARWATER, FL 33756

TITLE D DELETE
 NAME HARDICK, RUTH
 STREET ADDRESS 55 ROGERS ST. #201
 CITY-ST-ZIP CLEARWATER FL

5.1 TITLE D Change Addition
 5.2 NAME HARDICK, RUTH
 5.3 STREET ADDRESS 55 ROGERS ST, APT. 201
 5.4 CITY-ST-ZIP CLEARWATER, FL 33756

TITLE ~~PD~~ DELETE
 NAME HOUTZ, DUANE
 STREET ADDRESS 55 ROGERS ST #408
 CITY-ST-ZIP CLEARWATER FL

6.1 TITLE PD Change Addition
 6.2 NAME BUTT, AUDREY M.
 6.3 STREET ADDRESS 55 ROGERS ST, APT. 505
 6.4 CITY-ST-ZIP CLEARWATER, FL 33756

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:

Audrey M. Butt President and Director

July 14, 1999

800-462-1264 x37788

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (5/99)

#757907
596165-90009

Addition

Title: D
Name: ULRICH, JANE
Street Address: 55 ROGERS ST, APT. 405
City-St-Zip: CLEARWATER, FL 33756

