

**2002 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Mar 28, 2002 8:00 am**  
**Secretary of State**

0043110

**DOCUMENT # 757907**

03-28-2002 90170 021 \*\*\*\*70.00

1. Entity Name  
**VIEWPOINT CONDOMINIUM ASSOCIATION, INC.**

Principal Place of Business      Mailing Address  
 ROGERS ST      55 ROGERS ST  
 CLEARWATER FL 33756      CLEARWATER FL 33756

2. Principal Place of Business      3. Mailing Address  
 Suite, Apt. #, etc.      Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

4. FEI Number **59-2109802**      Applied For  
 Not Applicable

5. Certificate of Status Desired  **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent  
**KOHL, SUTTA**  
**55 ROGERS STREET**  
**CLEARWATER FL 33756**

7. Name and Address of New Registered Agent  
 Name **DUNCAN, CHRISTINE**  
 Street Address (P.O. Box Number is Not Acceptable)  
**55 ROGERS ST. #202**  
 City **CLEARWATER**      FL      Zip Code **33750**

8. 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 Christine Duncan, Secretary      DATE 3/17/02  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**FILE NOW: FEE IS \$61.25**

9. Election Campaign Financing Trust Fund Contribution.  **\$5.00** May Be Added to Fees

**Make Check Payable to Department of State**

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>TD</b> <b>SCALLAN, MARJORIE</b> <b>55 ROGERS STE 301</b> <b>CLEARWATER FL 33756</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>SD</b> <del>CHRISTINE</del> <b>DUNCAN, CHRISTINE</b> <b>55 ROGERS ST., #202</b> <b>CLEARWATER, FL 33756</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VD</b> <b>BARUTHOUSE, JIM</b> <b>55 ROGERS ST, APT P-1</b> <b>CLEARWATER FL 33756</b> <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VD</b> <b>MUYSKENS, DON</b> <b>55 ROGERS ST., #404</b> <b>CLEARWATER, FL 33756</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>SD</b> <b>KOHL, JUTTA</b> <b>55 ROGERS ST, APT 106</b> <b>CLEARWATER FL 33756</b> <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VD</b> <b>GEORGE, FRANK</b> <b>55 ROGERS ST., #P1</b> <b>CLEARWATER, FL 33756</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>ULRICH, JANE</b> <b>55 ROGERS ST 405</b> <b>CLEARWATER FL 33756</b> <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>AHRENS, MIKE</b> <b>55 ROGERS ST., #503</b> <b>CLEARWATER, FL 33756</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PD</b> <b>HARDICK, RUTH</b> <b>55 ROGERS ST. #201</b> <b>CLEARWATER FL 33756</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>KOHL, JUTTA</b> <b>55 ROGERS ST. #106</b> <b>CLEARWATER, FL 33756</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VD</b> <b>STEINKE, GEORGE</b> <b>55 ROGERS ST, APT 505</b> <b>CLEARWATER FL 33756</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>SMITH, DIANE</b> <b>55 ROGERS ST. #P-4</b> <b>CLEARWATER, FL 33756</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Christine Duncan      **CHRISTINE DUNCAN**      3/17/02      (813)282-7275

CR2E037 (9/01)