

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 20, 2005 8:00 am
Secretary of State

04-20-2005 90361 042 ****61.25

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DOCUMENT # 757907					
1. Entity Name VIEWPOINT CONDOMINIUM ASSOCIATION, INC.					
Principal Place of Business 55 ROGERS ST CLEARWATER, FL 33756		Mailing Address 55 ROGERS ST CLEARWATER, FL 33756			
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		01072005 Chg-NP CR2E037 (10/03)	
Zip		Country		4. FEI Number 59-2109802	
				Applied For Not Applicable	
				5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
FULLER, JO ELLYNN 55 ROGERS STREET #405 CLEARWATER, FL 33756			Name DUNCAN, CHRIS Street Address (P.O. Box Number is Not Acceptable) 55 ROGERS ST # 202 Clearwater City FL Zip Code 33756		
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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE <i>Chris Duncan</i>		(NOTE: Registered Agent signature required when reinstating)		DATE 4-14-05	
Filing Fee is \$61.25 Due by May 1, 2005		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
				Make check payable to Florida Department of State	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	TD	<input checked="" type="checkbox"/> Delete	TITLE	TD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	SCALLAN, MARJORIE		NAME	SMITH, DIANE	
STREET ADDRESS	55 ROGERS ST #301		STREET ADDRESS	55 ROGERS ST P4	
CITY-ST-ZIP	CLEARWATER, FL 33756		CITY-ST-ZIP	CLEARWATER FL 33756	
TITLE	VD	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MUYSKENS, DON		NAME		
STREET ADDRESS	55 ROGERS ST #404		STREET ADDRESS		
CITY-ST-ZIP	CLEARWATER, FL 33756		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KOHL, JUTTA		NAME		
STREET ADDRESS	55 ROGERS ST, APT 106		STREET ADDRESS		
CITY-ST-ZIP	CLEARWATER, FL 33756		CITY-ST-ZIP		
TITLE	PD	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HARDICK, RUTH		NAME		
STREET ADDRESS	55 ROGERS ST. #201		STREET ADDRESS		
CITY-ST-ZIP	CLEARWATER, FL 33756		CITY-ST-ZIP		
TITLE	SD	<input checked="" type="checkbox"/> Delete	TITLE	SD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	FULLER, JOL ELLYN		NAME	DUNCAN, CHRIS	
STREET ADDRESS	55 ROGERS ST #405		STREET ADDRESS	55 ROGERS ST # 202	
CITY-ST-ZIP	CLEARWATER, FL 33756		CITY-ST-ZIP	CLEARWATER, FL 33756	
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
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 I am empowered.					
SIGNATURE: <i>Ruth K Hardick</i>		SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		DATE 4-12-05 727-442-735	
		RUTH K HARDICK, PRES.		Daytime Phone #	