


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 13, 2007 8:00 am
Secretary of State

04-13-2007 90186 032 ****61.25

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**

40060400



2. Principal Place of Business - No P.O. Box #
 Suite, Apt. #, etc.

3. Mailing Address
 Suite, Apt. #, etc.

03242007 Chg-NP CR2E037 (12/06)

City & State
 City & State

Zip Country Zip Country

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

**SMITH, DIANE
 55 ROGERS STREET
 P4
 CLEARWATER, FL 33756**

7. Name and Address of New Registered Agent

Name
 Street Address (P.O. Box Number is Not Acceptable)
 City **FL** Zip Code

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**Filing Fee is \$61.25
 Due by May 1, 2007**

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

Make check payable to Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE	TD	<input type="checkbox"/> Delete
NAME	SMITH, DIANE	
STREET ADDRESS	55 ROGERS ST P4	
CITY-ST-ZIP	CLEARWATER, FL 33756	
TITLE	VD	<input type="checkbox"/> Delete
NAME	MUYSKENS, DON	
STREET ADDRESS	55 ROGERS ST #404	
CITY-ST-ZIP	CLEARWATER, FL 33756	
TITLE	SD	<input type="checkbox"/> Delete
NAME	HUGHES, NANCY	
STREET ADDRESS	55 ROGERS ST #204	
CITY-ST-ZIP	CLEARWATER, FL 33756	
TITLE	PD	<input type="checkbox"/> Delete
NAME	HARDICK, RUTH	
STREET ADDRESS	55 ROGERS ST. #201	
CITY-ST-ZIP	CLEARWATER, FL 33756	
TITLE	D	<input type="checkbox"/> Delete
NAME	BRUMBUCK, BOB	
STREET ADDRESS	55 ROGERS ST P3	
CITY-ST-ZIP	CLEARWATER, FL 33756	
TITLE	D	<input type="checkbox"/> Delete
NAME	CROCHET, JOHN	
STREET ADDRESS	55 ROGERS ST #402	
CITY-ST-ZIP	CLEARWATER, FL 33756	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Sue Henderson	
STREET ADDRESS	55 Rogers St P2	
CITY-ST-ZIP	Clearwater FL 33756	
TITLE	Jutta Kohl - Director	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Jutta Kohl - Director	
STREET ADDRESS	55 Rogers St 106	
CITY-ST-ZIP	Clearwater FL 33756	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Thomas VanHoose	
STREET ADDRESS	55 Rogers St 202	
CITY-ST-ZIP	Clearwater FL 33756	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: Ruth Hardick **4-10-07** **727-442-7575**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #