
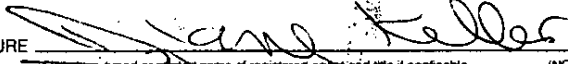
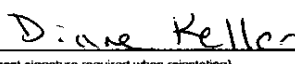
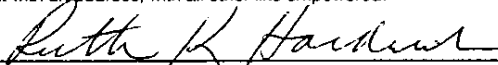


**2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 18, 2008 8:00 am**  
**Secretary of State**

04-18-2008 90035 021 \*\*\*\*61.25

<b>DOCUMENT # 757907</b>							
1. Entity Name <b>VIEWPOINT CONDOMINIUM ASSOCIATION, INC.</b>							
Principal Place of Business <b>55 ROGERS ST CLEARWATER, FL 33756</b>		Mailing Address <b>55 ROGERS ST CLEARWATER, FL 33756</b>					
2. Principal Place of Business - No P.O. Box #		3. Mailing Address					
Suite, Apt. #, etc.		Suite, Apt. #, etc.					
City & State		City & State		4. FEI Number <b>59-2109802</b>			
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>			
8. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent				
<b>SMITH, DIANE</b> <b>55 ROGERS STREET</b> <b>P4</b> <b>CLEARWATER, FL 33756</b>			Name <b>Keller, Diane</b>				
			Street Address (P.O. Box Number is Not Acceptable) <b>55 Rogers St P4</b>				
			City <b>Clearwater</b>		State <b>FL</b>	Zip Code <b>33756</b>	
			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 		SIGNATURE 		DATE <b>4/14/08</b>			
<b>Filing Fee is \$61.25 Due by May 1, 2008</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>			
				<b>Make check payable to Florida Department of State</b>			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10				
TITLE	TD	<input checked="" type="checkbox"/> Delete	TITLE	Director	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
NAME	SMITH, DIANE		NAME	THOMAS VANHOESE			
STREET ADDRESS	55 ROGERS ST P4		STREET ADDRESS	55 ROGERS ST #202			
CITY-ST-ZIP	CLEARWATER, FL 33756		CITY-ST-ZIP	CLEARWATER FL 33756			
TITLE	VD	<input type="checkbox"/> Delete	TITLE	Director	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
NAME	MUYSKENS, DON		NAME	Sue Henderson Moore			
STREET ADDRESS	55 ROGERS ST #404		STREET ADDRESS	55 ROGERS ST P2			
CITY-ST-ZIP	CLEARWATER, FL 33756		CITY-ST-ZIP	CLEARWATER FL 33756			
TITLE	SD	<input type="checkbox"/> Delete	TITLE	Director	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	HUGHES, NANCY		NAME	Diane Keller			
STREET ADDRESS	55 ROGERS ST #204		STREET ADDRESS	55 ROGERS ST P4			
CITY-ST-ZIP	CLEARWATER, FL 33756		CITY-ST-ZIP	CLEARWATER FL 33756			
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	D	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	BRUMBUCK, BOB		NAME				
STREET ADDRESS	55 ROGERS ST P3		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	CROCHET, JOHN		NAME				
STREET ADDRESS	55 ROGERS ST #402		STREET ADDRESS				
CITY-ST-ZIP	CLEARWATER, FL 33756		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: 		Date: <b>4-14-08</b>		Daytime Phone #: <b>727-442-7575</b>			
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date		Daytime Phone #			