


**2003 NOT-FOR-PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Apr 14, 2003 8:00 am**  
**Secretary of State**

04-14-2003 90387 006 \*\*\*\*70.00

DOCUMENT # **757907**

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



Principal Place of Business      Mailing Address

**55 ROGERS ST  
CLEARWATER FL 33756**      **55 ROGERS ST  
CLEARWATER FL 33756**

2. Principal Place of Business      3. Mailing Address

Suite, Apt. #, etc.      Suite, Apt. #, etc.

City & State      City & State

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

**DUNCAN, CHRISTINE  
55 ROGERS STREET  
#202  
CLEARWATER FL 33756**

7. Name and Address of New Registered Agent

Name **FULLER, JO ELLYNN**

Street Address (P.O. Box Number is Not Acceptable)  
**55 ROGERS ST. #405**

City **CLEARWATER**      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 **JO ELLYNN FULLER, SECRETARY**      DATE **4/14/03**

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 Florida Department of State**

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>TD SCALLAN, MARJORIE 55 ROGERS STE 301 CLEARWATER FL 33756</b> <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VD MUYSKENS, DON 55 ROGERS ST #P1 CLEARWATER FL 33756</b> <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D KOHL, JUTTA 55 ROGERS ST, APT 106 CLEARWATER FL 33756</b> <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D AHRENS, MIKE 55 ROGERS ST #503 CLEARWATER FL 33756</b> <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PD HARDICK, RUTH 55 ROGERS ST. #201 CLEARWATER FL 33756</b> <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VD STEINIKE, GEORGE 55 ROGERS ST, APT 505 CLEARWATER FL 33756</b> <input checked="" type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>TD SCALLAN, MARJORIE 55 ROGERS ST, #301 CLEARWATER, FL 33756</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VD MUYSKENS, DON 55 ROGERS ST, #404 CLEARWATER, FL 33756</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>SD FULLER, FULLER, JO ELLYNN 55 ROGERS ST, #405 CLEARWATER, FL 33756</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D SMITH, DIANE 55 ROGERS ST, #P4 Clearwater, FL 33756</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS 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 like empowered.

SIGNATURE: **SIGNATURE REQUIRED** **JO ELLYNN FULLER**      DATE **4/14/03**      727-448-0309

CR2E037 (10/02)