

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N06000011692

FILED
Feb 09, 2009
Secretary of State

Entity Name: POINTE OF VIEW TOWNHOUSE ASSOCIATION, INC.

Current Principal Place of Business:

8804 E HWY 30 A
SEA CREST, FL 32413

New Principal Place of Business:

Current Mailing Address:

P.O.BOX 1207
DOTHAN, AL 36302

New Mailing Address:

FEI Number: 20-8807064

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MCINNIS, C. JEFFREY
909 MAR WALT DR STE 1014
FT WALTON BCH, FL 32547 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: WATSON, JOHN
Address: 9088 WESTGATE PKWY
City-St-Zip: DOTHAN, AL 36303

Title: D () Delete
Name: HORN, BOYD
Address: 403 LIVE OAK TR
City-St-Zip: DOTHAN, AL 36301

Title: D () Delete
Name: NORTHCUTT, GLEN
Address: 203 GIRARD AVE
City-St-Zip: DOTHAN, AL 36303

Title: D () Delete
Name: WEST, TOM
Address: 5 WESTWOOD RD
City-St-Zip: DOTHAN, AL 36303

Title: D () Delete
Name: FOSS, ARNE
Address: 102 ORMOND CT
City-St-Zip: DOTHAN, AL 36305

Title: D () Delete
Name: WOODHAM, FELTON
Address: 108 N ENGLEWOOD DR
City-St-Zip: DOTHAN, AL 36305

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
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Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JOHN WATSON

D

02/09/2009

Electronic Signature of Signing Officer or Director

Date