

2018 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N06000011692

Entity Name: POINTE OF VIEW TOWNHOUSE ASSOCIATION, INC.**Current Principal Place of Business:**8804 E HWY 30 A
SEA CREST, FL 32413**Current Mailing Address:**P.O.BOX 1207
DOTHAN, AL 36302**FEI Number:** 20-8807064**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**MCINNIS, C. JEFFREY
909 MAR WALT DR STE 1014
FT WALTON BCH, FL 32547 US*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**Officer/Director Detail :**

Title	D
Name	WATSON, JOHN
Address	9088 WESTGATE PKWY
City-State-Zip:	DOTHAN AL 36303

Title	D
Name	HORN, BOYD
Address	403 LIVE OAK TR
City-State-Zip:	DOTHAN AL 36301

Title	D
Name	NORTHCUTT, GLEN
Address	203 GIRARD AVE
City-State-Zip:	DOTHAN AL 36303

Title	D
Name	WEST, TOM
Address	5 WESTWOOD RD
City-State-Zip:	DOTHAN AL 36303

Title	D
Name	FOSS, ARNE
Address	102 ORMOND CT
City-State-Zip:	DOTHAN AL 36305

Title	D
Name	WOODHAM, FELTON
Address	108 N ENGLEWOOD DR
City-State-Zip:	DOTHAN AL 36305

I hereby 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 all other like empowered.

SIGNATURE: JOHN WATSON**DIRECTOR****03/13/2018**_____
Electronic Signature of Signing Officer/Director Detail_____
Date