

# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 24, 2006 8:00 am**  
**Secretary of State**

04-24-2006 90364 026 \*\*\*\*61.25

**60029851**



04112006 Chg-NP CR2E037 (11/05)

<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		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number <b>59-2109802</b>	
				Applied For <input type="checkbox"/> Not Applicable	
				5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  <b>DUNCAN, CHRIS 55 ROGERS STREET #203 CLEARWATER, FL 33756</b>			7. Name and Address of New Registered Agent Name <b>Smith, Diane</b> Street Address (P.O. Box Number is Not Acceptable) <b>55 Rogers St P4</b> City <b>Clearwater</b> FL <b>33754</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 <small>Signature, typed or printed name of registered agent and title if applicable.</small>		<b>Diane Smith</b> <small>(NOTE: Registered Agent signature required when reinstating)</small>		<b>4/19/06</b> <small>DATE</small>	
<b>Filing Fee is \$61.25 Due by May 1, 2006</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 NAME STREET ADDRESS CITY-ST-ZIP	TD <b>SMITH, DIANE</b> <input type="checkbox"/> Delete <b>55 ROGERS ST P4 CLEARWATER, FL 33756</b>		TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition <b>Nancy Hughes</b> <b>55 Rogers St 204 Clearwater FL 33754</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD <input type="checkbox"/> Delete <b>MUYSKENS, DON</b> <b>55 ROGERS ST #404 CLEARWATER, FL 33756</b>		TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition <b>Bob Brumbuck</b> <b>55 Rogers St P3 Clearwater FL 33754</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input checked="" type="checkbox"/> Delete <b>KOHL, JUTTA</b> <b>55 ROGERS ST, APT 106 CLEARWATER, FL 33756</b>		TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition <b>John Crochet</b> <b>55 Rogers St 402 Clearwater FL 33754</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD <input type="checkbox"/> Delete <b>HARDICK, RUTH</b> <b>55 ROGERS ST. #201 CLEARWATER, FL 33756</b>		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD <input checked="" type="checkbox"/> Delete <b>DUNCAN, CHRIS</b> <b>55 ROGERS ST, #202 CLEARWATER, FL 33756</b>		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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.					
<b>SIGNATURE:</b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					
				<b>Ruth K. Hardick</b> 4-17-06 722-4432-7575 <small>Date Daytime Phone #</small>	