


# 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>	
6. Name and Address of Current Registered Agent  <b>SMITH, DIANE 55 ROGERS STREET P4 CLEARWATER, FL 33756</b>				7. Name and Address of New Registered Agent Name <b>Keller, Diane</b> Street Address (P.O. Box Number is Not Acceptable) <b>55 Rogers St P4</b> City <b>Clearwater</b> <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 <u><i>Diane Keller</i></u> <u><i>Diane Keller</i></u> <u><i>4/14/08</i></u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
<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>	
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD SMITH, DIANE 55 ROGERS ST P4 CLEARWATER, FL 33756	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Director THOMAS VANHOSE 55 ROGERS ST #202 CLEARWATER FL 33756	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD MUYSKENS, DON 55 ROGERS ST #404 CLEARWATER, FL 33756	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Director Sue Henderson Moore 55 ROGERS ST P2 Clearwater FL 33756	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD HUGHES, NANCY 55 ROGERS ST #204 CLEARWATER, FL 33756	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD Diane Keller 55 ROGERS ST P4 Clearwater, FL 33756	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD HARDICK, RUTH 55 ROGERS ST. #201 CLEARWATER, FL 33756	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BRUMBUCK, BOB 55 ROGERS ST P3 CLEARWATER, FL 33756	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CROCHET, JOHN 55 ROGERS ST #402 CLEARWATER, FL 33756	<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> <u><i>Ruth K Hardick</i></u> <u><i>4-14-08</i></u> <u><i>727-442-7575</i></u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					