2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Sep 15, 2008
Secretary of State

DOCUMENT# N01000007160

Entity Name: VIEW POINTE HOMEOWNERS ASSOCIATION OF POLK COUNTY, INC.

Current Principal Place of Business:

1120 VIEW POINTE CIRCLE
LAKE WALES, FL 33853 US

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 1212
LAKE WALES, FL 33853 US

New Mailing Address:

FEI Number: 04-3647542 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

ZAPALSKI, CHRISTOPHER R
1120 VIEW POINTE CIRCLE
LAKE WALES, FL 33853 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: ZAPALSKI, CHRISTOPHER R
Address: 1120 VIEW POINTE CIRCLE
City-St-Zip: LAKE WALES, FL 33853

Title: D ( ) Delete
Name: LOPEZ, DAISY
Address: 1112 VIEW POINTE CIRCLE
City-St-Zip: LAKE WALES, FL 33853

Title: D ( ) Delete
Name: MORALEZ, ALMICNA
Address: 1129 VIEW POINTE CIRCLE
City-St-Zip: LAKE WALES, FL 33853

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:

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: CHRISTOPHER R. ZAPALSKI PRES 09/15/2008

Electronic Signature of Signing Officer or Director — Date