

**2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 30, 2008 08:00 AM**  
**Secretary of State**


**DOCUMENT # N06000001109**

1. Entity Name  
**OBSERVATION POINTE HOMEOWNERS' ASSOCIATION, INC.**



Principal Place of Business <b>3201 SHAMROCK SOUTH UNIT 104          TALLAHASSEE, FL 32309-3349</b>	Mailing Address <b>3201 SHAMROCK SOUTH          TALLAHASSEE, FL 32309-3349</b>
--	---

**DO NOT WRITE IN THIS SPACE**



04252008 No Chg-NP CR2E037 (4/06)

4. FEI Number <b>20-4449179</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

**WISE, DONALD E  
 3201 SHAMROCK SOUTH  
 UNIT 104  
 TALLAHASSEE, FL 32309-3349**

**DO NOT WRITE IN THIS SPACE**

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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

**Filing Fee is \$61.25  
 Due by May 1, 2008**

9. Election Campaign Financing Trust Fund Contribution.  **\$5.00 May Be Added to Fees**

U00000938085  
 05/27/08-80077-005 61.25

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP WISE, DONALD E 3201 SHAMROCK SOUTH UNIT 104 TALLAHASSEE, FL 323093349
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVP ADAMS, JOSEPH D 3201 SHAMROCK SOUTH UNIT 104 TALLAHASSEE, FL 323093349
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DST LINDSEY, ROBERT 3201 SHAMROCK SOUTH UNIT 104 TALLAHASSEE, FL 323093349
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE IN THIS SPACE**

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.

**SIGNATURE:**  **4/29/08** **575-7000**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #