

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED
Jun 23, 2009
Secretary of State**

DOCUMENT# N06000001109

Entity Name: OBSERVATION POINTE HOMEOWNERS' ASSOCIATION, INC.

Current Principal Place of Business:

3201 SHAMROCK SOUTH UNIT 104
TALLAHASSEE, FL 323093349

New Principal Place of Business:

Current Mailing Address:

3201 SHAMROCK SOUTH
TALLAHASSEE, FL 323093349

New Mailing Address:

3201 SHAMROCK SOUTH UNIT 104
TALLAHASSEE, FL 323093349

FEI Number: 20-4449179 **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:

WISE, DONALD E
3201 SHAMROCK SOUTH
UNIT 104
TALLAHASSEE, FL 323093349 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: DP () Delete
Name: WISE, DONALD E
Address: 3201 SHAMROCK SOUTH UNIT 104
City-St-Zip: TALLAHASSEE, FL 323093349

Title: DVP () Delete
Name: ADAMS, JOSEPH D
Address: 3201 SHAMROCK SOUTH UNIT 104
City-St-Zip: TALLAHASSEE, FL 323093349

Title: DST () Delete
Name: LINDSEY, ROBERT
Address: 3201 SHAMROCK SOUTH UNIT 104
City-St-Zip: TALLAHASSEE, FL 323093349

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: DONALD WISE

Electronic Signature of Signing Officer or Director

PRES

06/23/2009

Date