2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

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FILED
Jun 04, 2007 8:00 am
Secretary of State
05-02-2007 90103 005 ****61.25

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1. Entity Name
POINTE OF VIEW TOWNHOUSE ASSOCIATION, INC.

Principal Place of Business	Mailing Address
8804 E HWY 30 A SEA CREST, FL 32413	P.O.BOX 1207 DOTHAN, AL 36302

04302007 Chg-NP CR2E037 (12/06)

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

4. FEI Number 20-8807064 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
MCINNIS, C. JEFFREY 909 MAR WALT DR STE 1014 FT WALTON BCH, FL 32547	Name Street Address (P.O. Box Number is Not Acceptable) City **FL** Zip Code

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

Filing Fee is $61.25
Due by May 1, 2007

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

Make check payable to: Florida Department of State

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D SALIBA, MARK 2837 WOODHAM RD DOTHAN, AL 36301	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D JOHN WATSON 908 WESTGATE PKY DOTHAN, AL 36303	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D HORN, BOYD 403 LIVE OAK TR DOTHAN, AL 36301	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D FRED SALIBA P.O. DRAWER 6306 DOTHAN, AL 36302	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D NORTHCUTT, GLEN 203 GIRARD AVE DOTHAN, AL 36303	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D ALFRED SALIBA P.O. DRAWER 6306 DOTHAN, AL 36302	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D WEST, TOM 5 WESTWOOD RD DOTHAN, AL 36303	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D PULI REDDY #1 FOXCHASE DOTHAN, AL 36305	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D FOSS, ARNE 102 ORMOND CT DOTHAN, AL 36305	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D RICHMOND MCCLINTOCK 3402 HUNTINGTON PLACE DOTHAN, AL 36303	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D WOODHAM, FELTON 108 N ENGLEWOOD DR DOTHAN, AL 36305	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D HERB GANNON 812 PARKON WAY ENTERPRISE, AL 36330	☐ Change ☒ 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.

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