

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 01, 2006 8:00 am
Secretary of State

03-01-2006 90024 045 ****61.25

DOCUMENT # N07636

1. Entity Name
VIEW STREET HOME OWNERS' ASSOCIATION, INC.



Principal Place of Business

%BETTY STORMS
45 VIEW STREET
LANTANA, FL 33462

Mailing Address

5700 Lake Worth Rd. Ste 308B
LAKE WORTH, FL 33463
~~LAKE WORTH, FL 33463~~



02072006 No Chg-NP CR2E037 (11/05)

4. FEI Number
59-2648646

Applied For
Not Applicable

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

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

SHIELDS, JOHN
5 VIEW ST
LANTANA, FL 33462

**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

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, 2006**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
VP
NEWDORFF, DICK
54 VIEW STREET
LAKE WORTH, FL 33462

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
SHARP, JAMES
48 VIEW ST.
LAKE WORTH, FL 33462

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
P
STORMS, BETTY
45 VIEW ST.
LAKE WORTH, FL 33462

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
ST
NAGYFY, GENA
43 VIEW ST.
LAKE WORTH, FL 33462

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/15/06

DATE

Daytime Phone #