


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 13, 2008 8:00 am
Secretary of State

02-13-2008 90019 002 ****61.25

DOCUMENT # N07636 1. Entity Name VIEW STREET HOME OWNERS' ASSOCIATION, INC.	
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Principal Place of Business %BETTY STORMS 45 VIEW STREET LANTANA, FL 33462	Mailing Address 5700 LAKE WORTH RD STE 308 B LAKE WORTH, FL 33463 US
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40023749



01142008 No Chg-NP CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-2648646	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent SHIELDS, JOHN 5 VIEW ST LANTANA, FL 33462	DO NOT WRITE IN THIS SPACE
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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, 2008**

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 D ALLAN, WALTER 50 VIEW STREET LANTANA, FL 33462
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P S, T STORMS, BETTY 45 VIEW ST. LANTANA, FL 33462
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST P NAOYFY, GENA 43 VIEW ST LANTANA, FL 33462 C.R. WHITE MORE 49 VIEW STREET LANTANA, FL 33462
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SHIELDS, JOHN 5 VIEW STREET LANTANA, FL 33462
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D V.P. POWER, DON 6 VIEW STREET LANTANA, FL 33462 ERICSON, S. 58 VIEW STREET LANTANA, FL 33462
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: Elizabeth Storms Elizabeth Storms 2/5/08 (561) 439-8500
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #