2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 13, 2009
Secretary of State

DOCUMENT# N07636

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

Current Principal Place of Business:

%BETTY STORMS
45 VIEW STREET
LANTANA, FL 33462

New Principal Place of Business:

Current Mailing Address:

5700 LAKE WORTH RD
STE 308 B
LAKE WORTH, FL 33463 US

New Mailing Address:

FEI Number: 59-2648646 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

SHIELDS, JOHN
5 VIEW ST
LANTANA, FL 33462 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: D ( ) Delete
Name: ALLAN, WALTER
Address: 50 VIEW STREET
City-St-Zip: LANTANA, FL 33462

Title: ST ( ) Delete
Name: STORMS, BETTY
Address: 45 VIEW ST.
City-St-Zip: LANTANA, FL 33462

Title: P ( ) Delete
Name: WHITEMORE, C.R
Address: 43 VIEW ST.
City-St-Zip: LANTANA, FL 33462

Title: D ( ) Delete
Name: SHIELDS, JOHN
Address: 5 VIEW STREET
City-St-Zip: LANTANA, FL 33462

Title: VP ( ) Delete
Name: ERICSON, S
Address: 58 VIEW STREET
City-St-Zip: LANTANA, FL 33462

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:

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: WALTER ALLAN D 04/13/2009

Electronic Signature of Signing Officer or Director — Date