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2000 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SIGNATURE:

FII FD DOCUMENT # N97000003138 1. Entity Name 00 APR 26 PM 2:21 VIEW POINTE HOMEOWNERS ASSOCIATION, INC. SECRETARY OF STATE Principal Place of Business Mailing Address 2811-E INDUSTRIAL PLAZA 2811-E INDUSTRIAL PLAZA TALLAHASSEE FL 32301 TALLAHASSEE FL 32301-3542 2. Principal Place of Business 3. Mailing Address DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. City & State Applied For 4. FEI Number City & State 59-3287571 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired П Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) GHAZVINI-NEHAD, MEHRDAD 4727 N. MONROE STREET 2811-E Industrial Plaze Dr TALLAHASSEE FL 32303 (Zin Code City FL 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. SIGNATURE (NOTE: Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and title if applicable 9. Election Campaign Financing Make Check Payable to FILE NOW: \$5.00 May Be Trust Fund Contribution. Added to Fees Department of State FEE IS \$61.25 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 OFFICERS AND DIRECTORS 11. 10. ☐ Addition ☐ Change Delete TITLE TITLE GHAZVINI-NEJAD, HOSSEIN NAME NAME 000003241760 STREET ADDRESS STREET ADDRESS 4727 N. MONROE STREET -05/08/00--01011--004 CITY-ST-ZIP CITY-ST-ZIP TALLAHASSEE FL 32303 ********\$61.25 *****<u></u> TITLE VD ☐ Delete TITLE NAME GHAZVINI-NEJAD, BEHZAD NAME STREET ADDRESS STREET ADDRESS 4727 N. MONROE STREET CITY-ST-ZIP CITY-ST-7IP TALLAHASSEE FL 32303 Change ☐ Addition TITLE TITLE ٧Ŋ ☐ Delete NAME NAME GHAZVINI-NEJAD, MEHRAN STREET ADDRESS STREET ADDRESS 4727 N. MONROE STREET CITY-ST-ZIP CITY-ST-ZIP TALLAHASSEE FL 32303 ☐ Change ☐ Addition std Delete TITLE TITLE NAME GHAZVINI-NEJAD, MEHRDAD NAME STREET ADDRESS STREET ADDRESS 4727 N. MONROE STREET CITY-ST-ZIP CITY-ST-ZIP TALLAHASSEE FL 32303 Change ☐ Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete TITLE ☐ Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(1), 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 ampowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if with all other like empowered.

Hossein Ghezvini