2002

# NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**
**May 17, 2002 8:00 am**
**Secretary of State**
05-17-2002 90038 019 ****61.25

DOCUMENT # N97000003138

1. Entity Name
View Pointe Homeowners Association, Inc.

**DO NOT WRITE IN THIS SPACE**

| 2. Principal Place of Business | 3. Mailing Address |
|---|---|
| 1845 Miccosukee Commons Dr. | P.O. Box 14019 |
| Suite, Apt. #, etc. Suite 104 | Suite, Apt. #, etc. |
| City & State Tallahassee, FL | City & State Tallahassee FL |
| Zip 32308 Country USA | Zip 32317 Country USA |

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-3305307 ☐ Applied For ☐ Not Applicable

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

**DO NOT WRITE IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name: Tracy Smith c/o Community Property Management Inc

Street Address (P.O. Box Number is Not Acceptable): 1845 Miccosukee Commons Dr Suite 104

City: Tallahassee FL Zip Code: 32308

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: Tracy Smith 4-26-02
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

**FEE IS $61.25 Initial or Amended UBR**

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

**Make Check Payable to Department of State**

10. OFFICERS AND DIRECTORS

| | |
|---|---|
| TITLE | PD |
| NAME | Tracy Williams |
| STREET ADDRESS | 3181 Layla St. |
| CITY-ST-ZIP | Tallahassee, FL 32303 |
| TITLE | STD |
| NAME | Valerie Jones |
| STREET ADDRESS | 3274 Skyview Dr. |
| CITY-ST-ZIP | Tallahassee FL 32303 |
| TITLE | VPD |
| NAME | William Gilmore |
| STREET ADDRESS | 3235 Skyview Dr. |
| CITY-ST-ZIP | Tallahassee FL 32303 |
| TITLE | D |
| NAME | Stephen Leach |
| STREET ADDRESS | 3283 Skyview Dr. |
| CITY-ST-ZIP | Tallahassee, FL 32303 |
| TITLE | D |
| NAME | Christina Bischoff |
| STREET ADDRESS | 3226 Skyview Dr. |
| CITY-ST-ZIP | Tallahassee, FL 32303 |
| TITLE | |
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**DO NOT WRITE IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 on an attachment with an address, with all other like empowered.

SIGNATURE: Valerie Jones 4/30/02

385-0094