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**2005 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT****FILED**
Mar 02, 2005 8:00 am
Secretary of State

03-02-2005 90091 031 ****61.25

DOCUMENT # N970000031381. Entity Name
VIEW POINTE HOMEOWNERS ASSOCIATION, INC.Principal Place of Business
**1815 MICCOSUKEE COMMONS DRIVE
SUITE 104
TALLAHASSEE, FL 32308**Mailing Address
**PO BOX 14019
TALLAHASSEE, FL 32317****50021920**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

01112005 Chg-NP CR2E037 (10/03)

City & State

City & State

4. FEI Number
59-3305307

Applied For

Not Applicable

Zip

Country

Zip

Country

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**Sega
SMITH, TRACY
C/O COMMUNITY PROPERTY MGMT
1815 MICOSUKEE COMMONS DR SUITE 104
TALLAHASSEE, FL 32308**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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, 2005**9. Election Campaign Financing
Trust Fund Contribution. ☐**\$5.00 May Be
Added to Fees.****Make check payable to
Florida Department of State****10. OFFICERS AND DIRECTORS**TITLE **STD** ☐ Delete
NAME **JONES, VALERIE**
STREET ADDRESS **3274 SKYVIEW DRIVE**
CITY-ST-ZIP **TALLAHASSEE, FL 32303**TITLE **VPD** ☐ Delete
NAME **GILMORE, WILLIAM**
STREET ADDRESS **3235 SKYVIEW DRIVE**
CITY-ST-ZIP **TALLAHASSEE, FL 32303**TITLE **D** ☐ Delete
NAME **CASTELLON, AUDREY**
STREET ADDRESS **3127 LAYLA ST**
CITY-ST-ZIP **TALLAHASSEE, FL 32303**TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10**TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ Addition
NAME
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)(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 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

2/21/05

Date

487-4475, x146

Daytime Phone #