2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DO NOT WRITE IN THIS SPACE

DOCUMENT # N97000003138

1. Entity Name

VIEW POINTE HOMEOWNERS ASSOCIATION, INC.



Principal Place of Business

1815 MICCOSUKEE COMMONS DRIVE

SUITE 104

TALLAHASSEE, FL 32308

SIGNATURE: _

Mailing Address

PO BOX 14019

TALLAHASSEE, FL 32317

FILED Apr 27, 2006 8:00 am Secretary of State

04-27-2006 90216 033 ****61.25

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01052006 No Chg-NP

CR2E037 (11/05)

4. FEI Number 59-3305307

Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

SEGAL, TRACY TAMMY, OAUGHTRY C/O COMMUNITY PROPERTY MGMT 1815 MICOSUKEE COMMONS DR SUITE 104 TALLAHASSEE. FL 32308

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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 3-15-06					
	Signature-typed or printed name of registered agent and title Filling Fee Is \$61.25 Due by May 1, 2006	9. Election Campaign Financ Trust Fund Contribution.		\$5.00 May Be Added to Fees	DATE
10.	OFFICERS AND DIREC	CTORS			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD JONES, VALERIE 3274 SKYVIEW DRIVE TALLAHASSEE, FL 32303	Cions			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD GILMORE, WILLIAM 3235 SKYVIEW DRIVE TALLAHASSEE, FL 32303				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D - CASTELLON, AUDREY 3127 LAYLA ST TALLAHASSEE, FL 32303		Sep.	DO	NOT WRITE
TITLE NAME STREET ADDRESS CITY-ST-ZIP				IN	THIS SPACE
TITLE NAME STREET ADDRESS CITY-ST-ZIP					
TITLE NAME STREET ADDRESS CITY-ST-ZIP					
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 appowered.					