2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 23, 2007 8:00 am
Secretary of State
03-23-2007 90012 024 ****61.25

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1. Entity Name
VIEW POINTE HOMEOWNERS ASSOCIATION, INC.

40040053

Principal Place of Business	Mailing Address
1815 MICCOSUKEE COMMONS DRIVE SUITE 104 TALLAHASSEE, FL 32308	PO BOX 14019 TALLAHASSEE, FL 32317

02192007 Chg-NP CR2E037 (12/06)

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
7113 Beech Ridge TRL	7113 Beech Ridge TRL
Suite, Apt. #, etc.: Suite 1	Suite, Apt. #, etc.: Suite 1
City & State: TALLAHASSEE, FL	City & State: TALLAHASSEE, FL
Zip: 32312 Country: USA	Zip: 32312 Country: USA

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
C/O COMMUNITY PROPERTY MGMT
1815 MICCOSUKEE COMMONS DR SUITE 104
TALLAHASSEE, FL 32308

7. Name and Address of New Registered Agent

Name MARIE EDDY
Street Address (P.O. Box Number is Not Acceptable)
7113 Beech Ridge TRL, Suite 1
City TALLAHASSEE FL Zip Code 32312

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 Marie Eddy 2/19/07
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, 2007

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			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	~~STD~~ SD JONES, VALERIE 3274 SKYVIEW DRIVE TALLAHASSEE, FL 32303	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD HARRISON, KHARI 3169 LAYLA ST. TALLA, FL 32303	☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	~~STD~~ D GILMORE, WILLIAM 3235 SKYVIEW DRIVE TALLAHASSEE, FL 32303	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VD House, SHANE 3211 SKY VIEW DR TALLA, FL 32303	☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D CASTELLON, AUDREY 3127 LAYLA ST TALLAHASSEE, FL 32303	☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TD COOPER, CHARLES 3033 LAYLA ST. TALLA, FL 32303	☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D CALABRO, NICK 3045 LAYLA ST. TALLA, FL 32303	☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

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 empowered.

SIGNATURE: Marie Eddy 2/19/07 850-894-1919
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #