2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 27, 2009
Secretary of State

DOCUMENT# N97000003138

Entity Name: VIEW POINTE HOMEOWNERS ASSOCIATION, INC.

Current Principal Place of Business:

2935 WHIRLAWAY TRAIL
TALLAHASSEE, FL 32309

New Principal Place of Business:

Current Mailing Address:

2935 WHIRLAWAY TRAIL
TALLAHASSEE, FL 32309

New Mailing Address:

2910 KERRY FOREST PKY
DR, BOX 303
TALLAHASSEE, FL 32309

FEI Number: 59-3305307 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

ROJAS, KELLY
2935 WHIRLAWAY TRAIL
TALLAHASSEE, FL 32309 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title: VPD ( ) Delete
Name: JONES, VALERIE
Address: 3274 SKYVIEW DRIVE
City-St-Zip: TALLAHASSEE, FL 32303

Title: PD ( ) Delete
Name: BYNUM, BRAD
Address: 3148 LAYLA ST
City-St-Zip: TALLAHASSEE, FL 32303

Title: STD ( ) Delete
Name: KOSKI, CAROLE
Address: 3227 SKYVIEW DRIVE
City-St-Zip: TALLAHASSEE, FL 32303

Title: ( ) Delete
Name:
Address:
City-St-Zip:

Title: ( ) Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: STD (X) Change ( ) Addition
Name: COURSON, CHARLES
Address: 3082 LAYLA STREET
City-St-Zip: TALLAHASSEE, FL 32303

Title: D ( ) Change (X) Addition
Name: EASON, HELEN
Address: 3255 SKYVIEW DRIVE
City-St-Zip: TALLAHASSEE, FL 32303

Title: D ( ) Change (X) Addition
Name: GILBERT, MELANIE
Address: 4778 PLANTERS RIDGE DRIVE
City-St-Zip: TALLAHASSEE, FL 32311

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: BRAD BYNUM P 02/27/2009

Electronic Signature of Signing Officer or Director — Date