

# 2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N97000003138

FILED  
Apr 29, 2011  
Secretary of State

**Entity Name:** VIEW POINTE HOMEOWNERS ASSOCIATION, INC.

**Current Principal Place of Business:**

2935 WHIRLAWAY TRAIL  
TALLAHASSEE, FL 32309

**New Principal Place of Business:**

191 PINE LANE  
CRAWFORDVILLE, FL 32327

**Current Mailing Address:**

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

**New Mailing Address:**

PO BOX 3965  
TALLAHASSEE, FL 32315

**FEI Number:** 59-3305307

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

ROJAS, COLLEEN  
2935 WHIRLAWAY TRAIL  
TALLAHASSEE, FL 32309 US

**Name and Address of New Registered Agent:**

ROJAS, KELLY  
191 PINE LANE  
CRAWFORDVILLE, FL 32327 US

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: KELLY ROJAS

04/29/2011

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: PD  
Name: JONES, VALERIE  
Address: 3274 SKYVIEW DRIVE  
City-St-Zip: TALLAHASSEE, FL 32303

Title: D  
Name: LILLY, JOANNA  
Address: 3039 LAYLA ST  
City-St-Zip: TALLAHASSEE, FL 32303

Title: ST  
Name: BONEY, LINDA  
Address: 3058 LAYLA STREET  
City-St-Zip: TALLAHASSEE, FL 32303

Title: D  
Name: EASON, HELEN  
Address: 3255 SKYVIEW DRIVE  
City-St-Zip: TALLAHASSEE, FL 32303

Title: DVP  
Name: GILBERT, MELANIE  
Address: 3223 SKYVIEW DRIVE  
City-St-Zip: TALLAHASSEE, FL 32303

I hereby 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 all other like empowered.

SIGNATURE: VALERIE JONES

DP

04/29/2011

Electronic Signature of Signing Officer or Director

Date