

2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N97000003138

FILED
May 07, 2012
Secretary of State

Entity Name: VIEW POINTE HOMEOWNERS ASSOCIATION, INC.

Current Principal Place of Business:

191 PINE LANE
CRAWFORDVILLE, FL 32327

New Principal Place of Business:

Current Mailing Address:

PO BOX 3965
TALLAHASSEE, FL 32315

New Mailing Address:

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
191 PINE LANE
CRAWFORDVILLE, FL 32327 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: 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

P

05/07/2012

Electronic Signature of Signing Officer or Director

Date