

**2003 NOT-FOR-PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Apr 16, 2003 8:00 am
Secretary of State

04-16-2003 90173 027 ****61.25

DOCUMENT # N97000003138

1. Entity Name

VIEW POINTE HOMEOWNERS ASSOCIATION, INC.



Principal Place of Business

**1815 MICCOSUKEE COMMONS DRIVE
SUITE 104
TALLAHASSEE FL 32308**

Mailing Address

**PO BOX 14019
TALLAHASSEE FL 32317**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

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

7. Name and Address of New Registered Agent

**SMITH, TRACY
C/O COMMUNITY PROPERTY MGMT
1815 MICOSUKEE COMMONS DR SUITE 104
TALLAHASSEE FL 32308**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.25

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	PD	<input checked="" type="checkbox"/> Delete
NAME	WILLIAMS, TRACY	
STREET ADDRESS	3181 LAYLA STREET	
CITY-ST-ZIP	TALLAHASSEE FL 32303	
TITLE	STD	<input type="checkbox"/> Delete
NAME	JONES, VALERIE	
STREET ADDRESS	3274 SKYVIEW DRIVE	
CITY-ST-ZIP	TALLAHASSEE FL 32303	
TITLE	VPD	<input type="checkbox"/> Delete
NAME	GILMORE, WILLIAM	
STREET ADDRESS	3235 SKYVIEW DRIVE	
CITY-ST-ZIP	TALLAHASSEE FL 32303	
TITLE	D	<input type="checkbox"/> Delete
NAME	LEACH, STEVEN	
STREET ADDRESS	3243 SKYVIEW DRIVE	
CITY-ST-ZIP	TALLAHASSEE FL 32303	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	BISCHOFF, CHRISTINA	
STREET ADDRESS	3226 SKYVIEW DRIVE	
CITY-ST-ZIP	TALLAHASSEE FL 32303	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	WILLIAMS, TRACY	
STREET ADDRESS	3181 LAYLA STREET	
CITY-ST-ZIP	TALLAHASSEE FL 32303	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: Valerie Jones **PURE REQUIRED** 4/15/03 385-0094

CR2E037 (10/02)