FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

1996
DOCUMENT #

730643

(4)

VANTAGE POINTE POOL AND RACQUET CLUB CONDOMINIUM ASSOCIATION, INC.

D0 144	D. ASSOC.	of Business		Mailing Address						4111 MINTE BIRST ALBEL AIM		
14		IMPS										
		DO. ASSOC., INC. DO. ASSOC., INC.										
DA	1445 NORTH ATLANTIC AVENUE 1445 NORTH ATLANTIC AV											
	ATTONA B	EACH FLORIDA 3	2118	DAYTONA BEACH F	LORIDA	32118			3. Date Incorporated or Qualified	3a. Date of Last	Report	
ì									09/06/1974	01/24/		
Principal Place of Business			2a. Mailing Address	2a. Mailing Address				4. FEI Number	' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' 	Applied For		
21			26				59-1693045 Not Applica					
Suite, Apt. #, etc.			Suite, Apt. #, etc.				5. Certificate of Status Desired	□ \$8.75	5 Additional			
22				27					5. Continuate of Status Desired	□ Fee	Required	
	City & State			City & State				6. Election Campaign Financing \$5.00 May Be				
23	ip al		Country	28					Trust Fund Contribution	Adde	d to Fees	
24	4.7	25	Country	Zip 29	30	Country	,		8. This corporation has liability for int	·	. 199.032,	
9. Name and Address of Current Registere				-l l					Florida Statutes Yes No 10. Name and Address of New Registered Agent			
· · · · · · · · · · · · · · · · · · ·				riogiotoroa rigotti		81	Name		TO. Hallo alla Address of New Ne	Bistalen Wâdiit		
	VANDVE	ZE MELVIVAL					<u></u>					
VANDYKE, MELVYN						82	Stree	t Address (P.O. Box Number is Not Acceptable)				
1441 N ATLANTIC AVE #416						83						
DAYTONA BEACH, FLORIDA						"						
	32118					84	City			FL 85 Z	p Code	
11. (Pursuant t	to the provisions of	of Sections 617 0502	and 617 1509 Florida Stat	tutoe the	abovo.	nomod .	nornorot:	ion submits this statement for the purpo			
(or register	ed agent, or both	, in the State of Florida	a. Such change was autho in 617.0503, Florida Statut	irized by	the corp	oration	s board	of directors. I hereby accept the appoir	ntment as registered	agent. I am	
10		Signature, typed or prin	ted name of registered agent ar		NOTE Reg		nt signatur	required w	when reinstating)	DATE		
12.		DD.	OFFICERS AND	DELETE		13.			ADDITIONS/CHANGES TO OFFIC			
		PD VAN DVVC	MELLANI			1.1 TITLE				Change	Addition Addition	
NAME	Y 10000000	VAN DYKE,				1.2 NAME						
	ET ADDRESS 1441 N ATLANTIC 416 -ST-ZIP DAYTONA BCH, FL 00000						ADDRESS	•				
THEE	ST-ZIP		3CH, FL 00000	DELETE		1.4 CITY-5	ST-ZIP	SD			The same of	
		i Deta	COT	DOELETE		2.1 TITLE				Change	☐ Addition	
NAME		DAUD, ALB				2.2 NAME			UD, ALBERT			
	I ADDRESS		TLANTIC 431		2.3 STREET ADDRESS			29 NO ATLANTIC 431				
CITY - S	SI-ZIP	DAYTONA I	אר דו דו מענ	DELETE		2. 4 CITY -	ST-ZIP	UA	YTONA BCH FL 32118	[] Oberes		
		TD	/ DALDH			3.1 TITLE				☐ Change	☐ Addition	
NAME	1.1000000	RUESCHAV	• *			3.2 NAME						
	I ADDRESS		LANTIC 434			3.3 STREET		· [
TILE	S1 - Z(P	SD SD	3CH, FL 00000	DELETE		3.4. CITY-	ST-ZIP	D		CI Ober	T Append	
NAME			Atti	™ ntreit		4.1 TITLE		-	WITC STIPS	Change	☐ Addition	
			AUL			4. 2 NAME			WIS, ALLENE			
	1 ADORESS	1437 N ATL				4.3 STREET			29 N ATLANTIC 339			
CITY-S	ST - ZIP		3CH, FL 00000	DELETE		4.4 CITY-5	IT-ZIP	DA	YTONA BCH, FL 32118	D 01	- Addition	
		VD ED	ONE	₽"Jocrt1£		5.1 TITLE				☐ Change	Addition Addition	
NAME	LADDESCO	HAAS, JER				5.2 NAME						
	I ADDRESS		LANTIC 113			5.3 STREET		· [
	ST-ZIP		3CH, FL 00000	Fineres		5.4 CITY-5	T-ZIP	╁				
1016		D	101 1 1441 T	DELETE		61 TITLE				☐ Change	☐ Addition	
NAME		MADDEN, V				6 2 NAME						
	1 ADDRESS		TLANTIC 407			6.3 STREET	ADDRESS	•				
	ST-ZIP	DAYTONA I			1	6.4 CITY - 5			the exemption stated in Section 110.0			

I do nereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: MULLING TYPED OF PRINTED NAME OF SIGNING FFICER OF DIRECTOR

January 29, 1996

(904) 253-4575

Daytime Phone #

- I HOBENA HOORE HANN BEND DANN ENDER HAA DARN DIGIN ENDEN DARN DARN DARN DARN DARN

CR2E037 (12/9