

FILE NOW: FILING FEE IS \$61.25

FILED

Feb 03 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997



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

DOCUMENT # 730643 (4)

1. Corporation Name

VANTAGE POINTE POOL AND RACQUET CLUB CONDOMINIUM ASSOCIATION, INC.



Principal Place of Business

Mailing Address

DO. ASSOC., INC.
1445 NORTH ATLANTIC AVENUE
DAYTONA BEACH FLORIDA 32118

DO. ASSOC., INC.
1445 NORTH ATLANTIC AVENUE
DAYTONA BEACH FLORIDA 32118-3501

3. Date Incorporated or Qualified 09/06/1974	3a. Date of Last Report 02/01/1996
4. FEI Number 59-1693045	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business	2a. Mailing Address
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.
22 City & State	27 City & State
23 Zip Country	28 Zip Country
24	29
25	30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

VANDYKE, MELVYN
1441 N ATLANTIC AVE #416
DAYTONA BEACH, FLORIDA
32118

81 Name	85 Zip Code
82 Street Address (P.O. Box Number is Not Acceptable)	FL
83	
84 City	

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE _____ DATE 1/24/97
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS	
TITLE	PD <input checked="" type="checkbox"/> DELETE
NAME	VAN DYKE, MELVYN
STREET ADDRESS	1441 N ATLANTIC 416
CITY-ST-ZIP	DAYTONA BCH, FL 00000
TITLE	SD <input checked="" type="checkbox"/> DELETE
NAME	DAUD, ALBERT
STREET ADDRESS	1429 NO ATLANTIC 431
CITY-ST-ZIP	DAYTONA BCH FL
TITLE	TD <input checked="" type="checkbox"/> DELETE
NAME	RUESCHAW, RALPH
STREET ADDRESS	1429 N. ATLANTIC 434
CITY-ST-ZIP	DAYTONA BCH, FL 00000
TITLE	D <input type="checkbox"/> DELETE
NAME	LEWIS, ALLENE
STREET ADDRESS	1429 NORTH ATLANTIC 339
CITY-ST-ZIP	DAYTONA BCH, FL 00000
TITLE	VD <input checked="" type="checkbox"/> DELETE
NAME	HAAS, JEROME
STREET ADDRESS	1441 N. ATLANTIC 113
CITY-ST-ZIP	DAYTONA BCH, FL 00000
TITLE	D <input checked="" type="checkbox"/> DELETE
NAME	MADDEN, WILLIAM T
STREET ADDRESS	1437 NO ATLANTIC 407
CITY-ST-ZIP	DAYTONA BCH FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	VPD <input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	VAN DYKE, MELVYN D.
1.3 STREET ADDRESS	1441 N. ATLANTIC, 416
1.4 CITY-ST-ZIP	DAYTONA BEACH, FL 32118
2.1 TITLE	SD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	PHALON, PAUL R.
2.3 STREET ADDRESS	1437 N. ATLANTIC, 404
2.4 CITY-ST-ZIP	DAYTONA BEACH, FL 32118
3.1 TITLE	TD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	LEWIS, RAYMOND F.
3.3 STREET ADDRESS	1437 N. ATLANTIC, 403
3.4 CITY-ST-ZIP	DAYTONA BEACH, FL 32118
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	PD <input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	HAAS, JEROME
5.3 STREET ADDRESS	1441 N. ATLANTIC, 113
5.4 CITY-ST-ZIP	DAYTONA BEACH, FL 32118
6.1 TITLE	D <input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	LEINART, WILLIAM F.
6.3 STREET ADDRESS	1429 N. ATLANTIC, 333
6.4 CITY-ST-ZIP	DAYTONA BEACH, FL 32118

14. I do 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 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: *Melvyn D. Van Dyke* 1/24/97 (904) 253-4575
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone 00002277

CR2E037 (9/96)