

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 07, 2000 8:00 am**  
**Secretary of State**

03-07-2000 90014 033 \*\*\*\*70.00

**DOCUMENT # 730643**

1. Entity Name

**VANTAGE POINTE POOL AND RACQUET CLUB CONDOMINIUM**

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

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

**59-1693045**

Applied For

Not Applicable

5. Certificate of Status Desired

**\$8.75** Additional Fee Required

DO NOT WRITE IN THIS SPACE



6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**VAN DYKE, MELVYN**  
**1437 N. ATLANTIC AVE**  
**#401**  
**DAYTONA BEACH FL 32118**

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.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW:**  
**SEE IS \$61.25**

9. Election Campaign Financing Trust Fund Contribution.

**\$5.00** May Be Added to Fees

**Make Check Payable to Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE  Delete  
 NAME **PD VAN DYKE, MELVYN**  
 STREET ADDRESS **1437 N. ATLANTIC AVE, #401**  
 CITY-ST-ZIP **DAYTONA BEACH FL 32118**

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Delete  
 NAME **SD PHALON, PAUL R.**  
 STREET ADDRESS **1437 N ATLANTIC, 404**  
 CITY-ST-ZIP **DAYTONA BCH FL**

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Delete  
 NAME **TD LEWIS, RAYMOND F**  
 STREET ADDRESS **1437 N ATLANTIC, 403**  
 CITY-ST-ZIP **DAYTONA BEACH FL**

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Delete  
 NAME **D LEWIS, ALLENE**  
 STREET ADDRESS **1429 NORTH ATLANTIC 339**  
 CITY-ST-ZIP **DAYTONA BEACH FL**

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Delete  
 NAME **VPD HAAS, JEROME**  
 STREET ADDRESS **1441 N. ATLANTIC 113**  
 CITY-ST-ZIP **DAYTONA BEACH FL 32118**

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Delete  
 NAME **D LEINART, WILLIAM**  
 STREET ADDRESS **1429 N ATLANTIC, 333**  
 CITY-ST-ZIP **DAYTONA BCH FL**

TITLE  Change  Addition  
 NAME **D SMITH, EARLE C.**  
 STREET ADDRESS **1441 N. ATLANTIC, 217**  
 CITY-ST-ZIP **DAYTONA BEACH, FL 32118**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(j), 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.

**MELVYN D. VAN DYKE, PRESIDENT**

SIGNATURE:

*Melvin D. Van Dyke*

02/04/2000 (904) 253-4575

CR2E037 (9/99)