

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jan 31, 2001 8:00 am**  
**Secretary of State**

01-31-2001 90273 023 \*\*\*\*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 FL 32118

DO. ASSOC. INC.  
 1445 NORTH ATLANTIC AVENUE  
 DAYTONA BEACH FL 32118



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

**59-1693045**

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

**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:  
 FEE 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 NAME STREET ADDRESS CITY-ST-ZIP	<b>PD</b> <b>VAN DYKE, MELVYN</b> <b>1437 N. ATLANTIC AVE, #401</b> <b>DAYTONA BEACH FL 32118</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>SD</b> <b>PHALON, PAUL R.</b> <b>1437 N ATLANTICC, 404</b> <b>DAYTONA BCH FL</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>TD</b> <b>LEWIS, RAYMOND F</b> <b>1437 N ATLANTIC, 403</b> <b>DAYTONA BEACH FL</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>LEWIS, ALLENE</b> <b>1429 NORTH ATLANTIC 339</b> <b>DAYTONA BEACH FL</b>	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VPD</b> <b>HAAS, JEROME</b> <b>1441 N. ATLANTIC 113</b> <b>DAYTONA BEACH FL 32118</b>	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>SMITH, EARLE C</b> <b>1441 N ATLANTIC 217</b> <b>DAYTONA BCH FL</b>	<input checked="" type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VPD</b> <b>SALVATORE BONATI</b> <b>108 MARINER</b> <b>ORMOND BEACH, FL 32176</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>WALTER T. MUSZYNSKI</b> <b>1441 N. ATLANTIC #416</b> <b>DAYTONA BEACH, FL 32118</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition

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.

**MELVYN D. VAN DYKE, PRESIDENT**

SIGNATURE: *Melvin D. Van Dyke*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

01/23/01

Date

(904) 253-4575

Daytime Phone #

CR2E037 (10/00)

#730643  
808189



1445 North Atlantic Avenue  
Daytona Beach, Florida 32118

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

CHANGE  ADDITION

TITLE: D  
NAME: HENRY E. BARTH  
STREET ADDRESS: 335 VALLEY VIEW ROAD S.  
CITY-ST-ZIP: CORYDON, IN 47112-6449