

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 11, 2002 8:00 am
Secretary of State

02-11-2002 90022 039 ****70.00

DOCUMENT # 730643

1. Entity 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 FL 32118

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

00021862



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

Zip

Country

Zip

Country

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	PD	<input type="checkbox"/> Delete
NAME	VAN DYKE, MELVYN	
STREET ADDRESS	1437 N. ATLANTIC AVE, #401	
CITY-ST-ZIP	DAYTONA BEACH FL 32118	
TITLE	SD	<input type="checkbox"/> Delete
NAME	PHALON, PAUL R.	
STREET ADDRESS	1437 N ATLANTICC, 404	
CITY-ST-ZIP	DAYTONA BCH FL	
TITLE	TD	<input type="checkbox"/> Delete
NAME	LEWIS, RAYMOND F	
STREET ADDRESS	1437 N ATLANTIC, 403	
CITY-ST-ZIP	DAYTONA BEACH FL	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	LEWIS, ALLENE	
STREET ADDRESS	1429 NORTH ATLANTIC 339	
CITY-ST-ZIP	DAYTONA BEACH FL	
TITLE	VPD	<input type="checkbox"/> Delete
NAME	BONATI, SALVATORE	
STREET ADDRESS	108 MARINER	
CITY-ST-ZIP	ORMOND BEACH FL 32176	
TITLE	D	<input type="checkbox"/> Delete
NAME	MUSZYNSKI, WALTER	
STREET ADDRESS	1441 NORTH ATLANTIC #416	
CITY-ST-ZIP	DAYTONA BEACH FL 32118	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Bärth, Henry E.	
STREET ADDRESS	1441 N. Atlantic, 114	
CITY-ST-ZIP	Daytona Beach, FL 32118	
TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	VPD	<input checked="" 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: *Melvin D. Van Dyke*
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

01/24/02 (386) 253-4575

Date Daytime Phone #

CR2E037 (9/01)

B0051864



Atteckman

730643

TITLE:	D	
NAME:	ANGEL, ALBERT	ADDITION
STREET ADDRESS:	1429 N. ATLANTIC AVE, #434	
CITY-ST-ZIP:	DAYTONA BEACH, FL 32118	