

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Jan 29, 2007 08:00 AM
Secretary of State



DOCUMENT # 730643	
1. Entity Name VANTAGE POINTE POOL AND RACQUET CLUB CONDOMINIUM ASSOCIATION, INC.	
Principal Place of Business DO. ASSOC., INC. 1445 NORTH ATLANTIC AVENUE DAYTONA BEACH FL 32118	Mailing Address DO. ASSOC., INC. 1445 NORTH ATLANTIC AVENUE DAYTONA BEACH FL 32118
2. Principal Place of Business - No P.O. Box #	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip	Country



1st MOORE CR2E037 (10/06)

4. FEI Number 59-1693045		Applied For
		Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>		\$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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ DATE 01/18/07

(NOTE: Registered Agent signature required when reinstating)

FILE NOW: FEE IS \$61.25 Due By May 1, 2007	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees	Make Check Payable to Florida Department of State
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE	PD VAN DYKE, MELVYN	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	1437 N. ATLANTIC AVE, #401	STREET ADDRESS	
CITY-STATE-ZIP	DAYTONA BEACH FL 32118	CITY-STATE-ZIP	U00000611371 02/02/07-80059-007 70.00
TITLE	SD	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MUSZYNSKI, WALTER T	NAME	
STREET ADDRESS	1441 NORTH ATLANTIC, #416	STREET ADDRESS	
CITY-STATE-ZIP	DAYTONA BEACH FL 32118	CITY-STATE-ZIP	
TITLE	TD	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LEWIS, RAYMOND F	NAME	
STREET ADDRESS	1437 N ATLANTIC, 403	STREET ADDRESS	
CITY-STATE-ZIP	DAYTONA BEACH FL 32118	CITY-STATE-ZIP	
TITLE	D	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DAUD, ALBERT A	NAME	
STREET ADDRESS	1429 N ATLANTIC 431	STREET ADDRESS	
CITY-STATE-ZIP	DAYTONA BEACH FL 32118	CITY-STATE-ZIP	
TITLE	D	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BONATI, SALVATORE	NAME	
STREET ADDRESS	108 MARINER	STREET ADDRESS	
CITY-STATE-ZIP	ORMOND BEACH FL 32176	CITY-STATE-ZIP	
TITLE	VPD	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ANGEL, ALBERT	NAME	
STREET ADDRESS	1429 N. ATLANTIC, #434	STREET ADDRESS	
CITY-STATE-ZIP	DAYTONA BEACH FL 32118	CITY-STATE-ZIP	

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, 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 Manager/President

SIGNATURE: Melvyn D. Van Dyke DATE: 01/18/2007 PHONE: 386-253-4575