


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Jan 29, 2008 8:00 am
Secretary of State

01-29-2008 90027 035 ****70.00

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		4. FEI Number 59-1693045	
Zip	Country	Zip	Country	5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent VAN DYKE, MELVYN 1437 N. ATLANTIC AVE #401 DAYTONA BEACH FL 32118			7. Name and Address of New Registered Agent Name: MELVYN D. VAN DYKE Street Address (P.O. Box Number is Not Acceptable): 1437 N. ATLANTIC APT. 401 City: DAYTONA BEACH FL Zip Code: 32118		
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: MELVYN D. VAN DYKE <i>Melvin D. Van Dyke</i> 1-22-2008 <small>(NOTE: Registered Agent signature required for reinstating)</small>					
FILE NOW - FEE IS \$61.25 Due By May 1, 2008		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					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	PD	<input type="checkbox"/> Delete	TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	VAN DYKE, MELVYN		NAME	LE MOLE, RICHARD	
STREET ADDRESS	1437 N. ATLANTIC AVE, #401		STREET ADDRESS	1441 NORTH ATLANTIC #319	
CITY-ST-ZIP	DAYTONA BEACH FL 32118		CITY-ST-ZIP	DAYTONA BEACH FL 32118	
TITLE	SD	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MUSZYNSKI, WALTER T		NAME		
STREET ADDRESS	1441 NORTH ATLANTIC, #416		STREET ADDRESS		
CITY-ST-ZIP	DAYTONA BEACH FL 32118		CITY-ST-ZIP		
TITLE	TD	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LEWIS, RAYMOND F		NAME		
STREET ADDRESS	1437 N ATLANTIC, 403		STREET ADDRESS		
CITY-ST-ZIP	DAYTONA BEACH FL 32118		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DAUD, ALBERT A		NAME		
STREET ADDRESS	1429 N ATLANTIC 431		STREET ADDRESS		
CITY-ST-ZIP	DAYTONA BEACH FL 32118		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BONATI, SALVATORE		NAME		
STREET ADDRESS	108 MARINER		STREET ADDRESS		
CITY-ST-ZIP	ORMOND BEACH FL 32176		CITY-ST-ZIP		
TITLE	VPD	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ANGEL, ALBERT		NAME		
STREET ADDRESS	1429 N. ATLANTIC, #434		STREET ADDRESS		
CITY-ST-ZIP	DAYTONA BEACH FL 32118		CITY-ST-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.

SIGNATURE: *Melvin D. Van Dyke* MELVYN D. VAN DYKE 1-22-08 386-853 4575