

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT 1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Morham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 745002 (6)

1. Corporation Name

VANTAGE POINT CONDOMINIUM ASSOCIATION, INC.



Principal Place of Business

Mailing Address

P O BOX 1683 MARCO ISLAND FL 33969

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3. Date Incorporated or Qualified 11/17/1978

3a. Date of Last Report 04/28/1995

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

25 Country

29 Zip

30 Country

4. FEI Number 59-1853042

Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution

\$5.00 May Be Added to Fees

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

MORRIS, WILLIAM G
202-247 N COLLIER BLVD
MARCO ISLAND FL 33937

81 Name Safe Harbor Management
82 Street Address (P.O. Box Number is Not Acceptable) Jeffrey Hill
83 1261 Sunbird
84 City Marco FL 85 Zip Code 33937

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

Jeffrey Hill MGMT 3/4/96

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN '92

TITLE	SD	<input type="checkbox"/> DELETE
NAME	GUSTAVSON, ARVID	
STREET ADDRESS	6 CRANK RD	
CITY-ST-ZIP	HAMPTON FALLS NH	
TITLE	DVP	<input type="checkbox"/> DELETE
NAME	REINHARDT, TOM	
STREET ADDRESS	884 BANYAN CT	
CITY-ST-ZIP	MARCO ISLAND FL	
TITLE	DP	<input checked="" type="checkbox"/> DELETE
NAME	GOFF, RONALD	
STREET ADDRESS	8648 OAK HILL COURT	
CITY-ST-ZIP	HICKORY HILLS IL	
TITLE	DT	<input checked="" type="checkbox"/> DELETE
NAME	PATTERSON, JACK	
STREET ADDRESS	1777 FANCETT AVE	
CITY-ST-ZIP	MCKESPORT PA	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	LAGONI, WILLIAM	
STREET ADDRESS	9715 EVERGREEN DR	
CITY-ST-ZIP	BRIDGEMAN MI	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	Pat Patterson
4.3 STREET ADDRESS	1777 Fancett Ave
4.4 CITY-ST-ZIP	Mckesport, PA
5.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	Arnie Kulis
5.3 STREET ADDRESS	860 Panama Ct.
5.4 CITY-ST-ZIP	Marco, FL 33937
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Arnie Kulis*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Day/Time Phone #

CR2E037 (12/95)