

FILE NOW: FILING FEE IS \$61.25

FILED
Apr 01, 1999 8:00 am
Secretary of State

04-01-1999 90106 005 ****61.25

NONPROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 745002

1. Corporation Name

VANTAGE POINT CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business

Mailing Address

P O BOX 1683
MARCO ISLAND FL 33969

P O BOX 1683
MARCO ISLAND FL 33969



2. Principal Place of Business

2a. Mailing Address

3. Date Incorporated or Qualified

11/17/1978

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

4. FEI Number
59-1853042

Applied For
Not Applicable

22 City & State

27 City & State

5. Certificate of Status Desired

\$8.75 Additional Fee Required

23 Zip Country

28 Zip Country

6. Election Campaign Financing Trust Fund Contribution

\$5.00 May Be Added to Fees

24 25

29 30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

SAFE HARBOR MANAGEMENT
JEFFREY WILL
233 N COLLIER #6
MARCO FL 34145

81 Name
Trexaren Holdings Inc. Sharon Fera

82 Street Address (P.O. Box Number is Not Acceptable)
812 E. Elkram Circle

84 City Marco Island FL 85 Zip Code 34145

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 SHARON FERA

SIGNATURE SHARON FERA

3/19/99

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

(NOTE: Registered Agent Signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE S DELETE
NAME LANG, CAROL
STREET ADDRESS 128 LANMERT DR
CITY-ST-ZIP GLENSHAW PA

1.1 TITLE Change Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

TITLE D DELETE
NAME LAGONI, BILL
STREET ADDRESS 9715 EVERGREEN DR
CITY-ST-ZIP BRIDGEMAN MI

2.1 TITLE Change Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

TITLE PD DELETE
NAME PATTERSON, PAT
STREET ADDRESS 1777 FANCETT AVE
CITY-ST-ZIP MCKEESPORT PA

3.1 TITLE Change Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

TITLE TD DELETE
NAME KERLEIS, ANNIE
STREET ADDRESS 860 HANAMA CT
CITY-ST-ZIP MARCO FL

4.1 TITLE Change Addition
4.2 NAME Richard Daudlin
4.3 STREET ADDRESS 2066 COR MORANT LANE
4.4 CITY-ST-ZIP GREEN BAY, WI 54313-4018

TITLE D DELETE
NAME GUSTAVSON, SHIRLEY
STREET ADDRESS 6 CRANK ROAD
CITY-ST-ZIP HAMPTON FALLS NH

5.1 TITLE Change Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

6.1 TITLE Change Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. 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 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, with all other like empowered.

SIGNATURE: SHARON FERA REQUIRED

3/19/99

941-394-3946

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (11/98)

0077306