


**2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 13, 2005 8:00 am**  
**Secretary of State**

04-13-2005 90040 024 \*\*\*\*61.25

DOCUMENT # 745002			
1. Entity Name VANTAGE POINT CONDOMINIUM ASSOCIATION, INC.			
Principal Place of Business 860 PANAMA CT #220 MARCO ISLAND, FL 34145		Mailing Address 860 PANAMA CT #220 MARCO ISLAND, FL 34145	
2. Principal Place of Business 834 Bald Eagle Dr. Suite, Apt. #, etc.		3. Mailing Address 834 Bald Eagle Dr. Suite, Apt. #, etc.	
City & State Marco Island FL		City & State Marco Island FL	
Zip 34145	Country USA	Zip 34145	Country USA
6. Name and Address of Current Registered Agent JONES, CRAIG 860 PANAMA CT #220 MARCO ISLAND, FL 34145		7. Name and Address of New Registered Agent	
Name		Name	
Street Address (P.O. Box Number is Not Acceptable)		Street Address (P.O. Box Number is Not Acceptable)	
City		City	
FL		FL	
Zip Code		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.		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 _____	
Signature, typed or printed name of registered agent and title if applicable.		(NOTE: Registered Agent signature required when reinstating)	
Filing Fee is \$61.25 Due by May 1, 2005		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 NAME STREET ADDRESS CITY-ST-ZIP	PD STIPETIC, JOAN 30 SALT MEADOW HAMPTON, NH 03842 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD Bragdon, Charlie 48 Sandbar Rd. Standish ME 04084 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V CALANDRA, CARL 1033 SOUTH LEWIS LOMBARD, IL 60148 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	V Daudelin, Gene 11633 Arial Place The Villages, FL 32162 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S WALLACE, PAT 549 DRYDEN PLACE CHARLOTTESVILLE, VA 229034667 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD DAUDELIN, EUGENE 860 PANAMA CT # 202 MARCO ISLAND, FL 34145 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD Vajner, Sue 860 Panama Ct. #116 Marco FL 34145 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BRAGDON, CHARLES 48 SANDBAR ROAD STANDISH, ME 04084 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Bernier, Roland 860 Panama Ct. # 213 Marco FL 34145 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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 another like empowered.			
SIGNATURE: <u>Sue M. Vajner</u>		Date: <u>4-8-05</u> Daytime Phone #: <u>642-6443</u>	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone #	

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03302005 Chg-NP CR2E037 (10/03)

4. FEI Number 59-1853042 Applied For Not Applicable

5. Certificate of Status Desired  \$8.75 Additional Fee Required