



2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 23, 2004 8:00 am
Secretary of State

04-23-2004 90196 038 ****61.25

DOCUMENT # N03000005378 1. Entity Name VINTAGE CREEK COMMUNITY ASSOCIATION, INC.					
Principal Place of Business 12534 WILES ROAD CORAL SPRINGS, FL 33076			Mailing Address 12534 WILES ROAD CORAL SPRINGS, FL 33076		
2. Principal Place of Business 825 Coral Ridge Drive		3. Mailing Address 825 Coral Ridge Drive			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State CORAL SPRINGS, FL		City & State CORAL SPRINGS, FL			
Zip 33071		Country		4. FEI Number 38-3683176	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required		04012004 Chg-NP CR2E037 (10/03)	
6. Name and Address of Current Registered Agent LEOPOLD, KORN & LEOPOLD 20801 BISCAYNE BOULEVARD SUITE 501 AVENTURA, FL 33180				7. Name and Address of New Registered Agent 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
Filing Fee Is \$61.25 Due by May 1, 2004		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	P PERRY, CRAIG 12534 WILES ROAD CORAL SPRINGS, FL 33076	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	825 Coral Ridge Drive Coral Springs, FL 33071
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD STIEGELE, ROBERT 12534 WILES ROAD CORAL SPRINGS, FL 33076	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	825 Coral Ridge Drive Coral Springs, FL 33071
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD BOVIO, STEVEN 12534 WILES ROAD CORAL SPRINGS, FL 33076	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	825 Coral Ridge Drive Coral Springs, FL 33071
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD GLUCKMAN, NICHOLAS 12534 WILES ROAD CORAL SPRINGS, FL 33076	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	825 Coral Ridge Drive Coral Springs, FL 33071
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition		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 all other like empowered.					
SIGNATURE: _____				Date 4-21-04 Daytime Phone # 939-344-8040	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					