

**2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED  
Jan 23, 2008  
Secretary of State**

DOCUMENT# N06000007834

Entity Name: VANTAGE POINT CONDOMINIUM OWNERS' ASSOCIATION, INC.

**Current Principal Place of Business:**

6495 SHILOH ROAD  
SUITE 400  
ALPHARETTA, GA 30005

**New Principal Place of Business:**

10200 GANDY BLVD  
ST. PETERSBURG, FL 33702

**Current Mailing Address:**

6495 SHILOH ROAD  
SUITE 400  
ALPHARETTA, GA 30005

**New Mailing Address:**

FEI Number: 20-5302939      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

DUBOVOY, ARKADIY  
13846 ATLANTIC BLVD.  
905  
JACKSONVILLE, FL 32225 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE:

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: PD ( ) Delete  
Name: DUBOVOY, ARKADIY  
Address: 6495 SHILOH ROAD SUITE 400  
City-St-Zip: ALPHARETTA, GA 30005

Title: D ( ) Delete  
Name: DUBOVAYA, VERA  
Address: 6495 SHILOH ROAD SUITE 400  
City-St-Zip: ALPHARETTA, GA 30005

Title: D ( ) Delete  
Name: GARKUSHA, ALEKSANDR  
Address: 6495 SHILOH ROAD SUITE 400  
City-St-Zip: ALPHARETTA, GA 30005

Title: D (X) Delete  
Name: RUSEV, ROMAN  
Address: 6495 SHILOH ROAD SUITE 400  
City-St-Zip: ALPHARETTA, GA 30005

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ARKADIY DUBOVOY

PD

01/23/2008

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date