

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

CORPORATION
ANNUAL REPORT
1995



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 APR 13 PM 3:04

DOCUMENT # **N29368** (0)
1. Corporation Name
VINTAGE CREEK HOMEOWNERS ASSOCIATION, INC.

DO NOT WRITE IN THIS SPACE

Principal Place of Business Mailing Address
PO BOX 579 TALLEVAST FL 34270 PO BOX 579 TALLEVAST FL 34270

3. Date Incorporated or Qualified **11/21/1988** 3a. Date of Last Report **02/08/1994**
4. FEI Number **65-0085195** Applied For Not Applicable

2. Principal Place of Business 2a. Mailing Address
21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.
22 City & State 27 City & State
23 Zip Country 28 Zip Country
24 25 29 30

5. Certificate of Status Desired \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution \$5.00 May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status \$68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes Yes No

9. Name and Address of Current Registered Agent
FOSTER, KIM
7976 GLENBROOKE LN
SARASOTA FL 34243

10. Name and Address of New Registered Agent
81 Name **KEVINOTH E. STOVER JR**
82 Street Address (P.O. Box Number is Not Acceptable) **7966 MONTICELLO LANE**
83
84 City **SARASOTA** FL 85 Zip Code **34243**

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE **KEVINOTH E. STOVER, JR.** *Kevin Stover* **April 8, 1995**
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when registering) Date

12. OFFICERS AND DIRECTORS	
TITLE	DT
NAME	FOSTER, KIM
STREET ADDRESS	7976 GLENBROOKE LANE
CITY-ST-ZIP	SARASOTA FL
TITLE	RD
NAME	RUSSEN, ROBERT
STREET ADDRESS	8070 MONTICELLO LANE
CITY-ST-ZIP	SARASOTA FL
TITLE	RD
NAME	DODGE, GERALDINE M.
STREET ADDRESS	7994 GLENBROOKE LANE
CITY-ST-ZIP	SARASOTA FL
TITLE	RD
NAME	WILLIAMS, GREG
STREET ADDRESS	7993 GLENBROOKE LANE
CITY-ST-ZIP	SARASOTA FL
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	F <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	Kim Foster
1.3 STREET ADDRESS	7976 Glenbrooke Ln
1.4 CITY-ST-ZIP	Sarasota, FL 34243
2.1 TITLE	PDT <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	Kenneth Stover
2.3 STREET ADDRESS	7966 MONTICELLO LANE
2.4 CITY-ST-ZIP	Sarasota, FL 34243
3.1 TITLE	D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	Eliot Ford
3.3 STREET ADDRESS	8066 MONTICELLO LANE
3.4 CITY-ST-ZIP	Sarasota, FL 34243
4.1 TITLE	SD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	Jeff Schimbeno
4.3 STREET ADDRESS	7974 MONTICELLO LANE
4.4 CITY-ST-ZIP	Sarasota, FL 34243
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
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 110.07(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: *Kevin Stover* **KEVINOTH E. STOVER JR** **April 8, 1995**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date

813 351-2170
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