

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT 1996



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

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-04/12/96--01012--029
***61.25

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



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

3. Date Incorporated or Qualified: **11/21/1988**
3a. Date of Last Report: **04/13/1995**

21. Principal Place of Business	2a. Mailing Address	4. FEI Number 65-0085195	Applied For <input type="checkbox"/> Not Applicable
22. Suite, Apt. #, etc.	27. Suite, Apt. #, etc.	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees
23. City & State	28. City & State	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	
24. Zip	25. Country	29. Zip	30. Country

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	L R. Silver		
82. Street Address (P.O. Box Number is Not Acceptable)	7970 Monticello Ln		
83. City	Sarasota, FL	34243	
84. City	FL	85. Zip Code	34243

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: *[Signature]* **L.R. Silver - President** DATE: **2/13/96**

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE: DT	<input type="checkbox"/> DELETE	1.1 TITLE: Treasury D/T	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME: FOSTER, KIM		1.2 NAME: Kim Foster	
STREET ADDRESS: 7976 GLENBROOKE LANE		1.3 STREET ADDRESS: 7976 Glenbrooke Ln	
CITY-ST-ZIP: SARASOTA FL		1.4 CITY-ST-ZIP: Sarasota, FL 34243	
TITLE: PDT	<input checked="" type="checkbox"/> DELETE	2.1 TITLE: President D/P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME: STOVER, KENNETH		2.2 NAME: L.R. Silver	
STREET ADDRESS: 7968 MONTICELLO LANE		2.3 STREET ADDRESS: 7976 Monticello Ln	
CITY-ST-ZIP: SARASOTA FL		2.4 CITY-ST-ZIP: Sarasota, FL 34243	
TITLE: D	<input checked="" type="checkbox"/> DELETE	3.1 TITLE: D/V/P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME: FORD, ELIOT		3.2 NAME: Nancy Cooper	
STREET ADDRESS: 8066 MONTICELLO LANE		3.3 STREET ADDRESS: 8075 Glenbrooke Ln	
CITY-ST-ZIP: SARASOTA F		3.4 CITY-ST-ZIP: Sarasota, FL 34243	
TITLE: SD	<input checked="" type="checkbox"/> DELETE	4.1 TITLE: D/V/P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME: SCHIMBENO, JEFF		4.2 NAME: Carole Carson	
STREET ADDRESS: 7974 MONTICELLO LANE		4.3 STREET ADDRESS: 4612 Vintage Dr	
CITY-ST-ZIP: SARASOTA FL		4.4 CITY-ST-ZIP: Sarasota, FL 34243	
TITLE:	<input type="checkbox"/> DELETE	5.1 TITLE: Patricia Richards	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME:		5.2 NAME:	
STREET ADDRESS:		5.3 STREET ADDRESS:	
CITY-ST-ZIP:		5.4 CITY-ST-ZIP:	
TITLE:	<input type="checkbox"/> DELETE	6.1 TITLE: Secretary D/S	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME:		6.2 NAME: Patricia Richards	
STREET ADDRESS:		6.3 STREET ADDRESS: 4604 Vintage Dr	
CITY-ST-ZIP:		6.4 CITY-ST-ZIP: Sarasota, FL 34243	

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 119.07(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: *[Signature]* DATE: **2/13/96** DAYTIME PHONE #:

CR2E037 (12/95)