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Apr 15 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997



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

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



Principal Place of Business

Mailing Address

PO BOX 579
TALLEVAST FL 34270

PO BOX 579
TALLEVAST FL 34270-0579

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

9. Name and Address of Current Registered Agent

SILVER, L.R.
7970 MONTICELLO LN.
SARASOTA FL 34243

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL 85 Zip Code

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 typed or printed name of registered agent (and title, if any) (bold)

(bold) Registered Agent signature required when registering

3-25-97

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE DT
NAME FOSTER, KIM
STREET ADDRESS 7976 GLENBROOKE LANE
CITY-ST-ZIP SARASOTA FL 34243

DELETE

1.1 TITLE D
1.2 NAME Cher Grossman
1.3 STREET ADDRESS 7978 Monticello Lane
1.4 CITY-ST-ZIP Sarasota, FL 34243

Change Addition

TITLE P
NAME SILVER, L.R.
STREET ADDRESS 7970 MONTICELLO DR.
CITY-ST-ZIP SARASOTA FL 34243

DELETE

2.1 TITLE SD

Change Addition

TITLE DVP
NAME COOPER, NANCY
STREET ADDRESS 8075 GLENBROOKE LN.
CITY-ST-ZIP SARASOTA FL 34243

DELETE

3.1 TITLE D
3.2 NAME Joseph O'Neill
3.3 STREET ADDRESS 7974 Monticello Lane
3.4 CITY-ST-ZIP Sarasota, FL 34243

Change Addition

TITLE DVP
NAME CAARSON, CAROLE
STREET ADDRESS 4612 VINTAGE DR.
CITY-ST-ZIP SARASOTA FL 34243

DELETE

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

Change Addition

TITLE SD
NAME RICHARDS, PATRICIA
STREET ADDRESS 4604 VINTAGE DR.
CITY-ST-ZIP SARASOTA FL 34243

DELETE

5.1 TITLE DT
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

Change Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

DELETE

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

Change Addition

14. I do 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 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.

Patricia Richards, Treasurer (941) 351-5532

CR2E037 (9/96)