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Apr 23 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham , Secretary of State DIVISION OF CORPORATIONS
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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
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3. Date Incorporated or Qualified 11/21/1988		
4. FEI Number 65-0085195	Applied For <input type="checkbox"/>	Not Applicable <input type="checkbox"/>

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country
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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
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input type="checkbox"/> No
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No

9. Name and Address of Current Registered Agent
**SILVER, L.R.
 7970 MONTICELLO LN.
 SARASOTA FL 34243**

10. Name and Address of New Registered Agent
 81 Name **Joseph O'Neill**
 82 Street Address (P.O. Box Number is Not Acceptable)
7974 Monticello Lane
 83
 84 City **Sarasota** **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: *Joseph O'Neill* DATE: **4/13/98**
Signature typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating.)

12. OFFICERS AND DIRECTORS

TITLE	D <input type="checkbox"/> DELETE
NAME	GROSSMAN, CHER
STREET ADDRESS	7978 MONTICELLO LANE
CITY-ST-ZIP	SARASOTA FL
TITLE	SD <input checked="" type="checkbox"/> DELETE
NAME	SILVER, L.R.
STREET ADDRESS	7970 MONTICELLO DR.
CITY-ST-ZIP	SARASOTA FL
TITLE	D <input type="checkbox"/> DELETE
NAME	O'NEILL, JOSEPH
STREET ADDRESS	7974 MONTICELLO LANE
CITY-ST-ZIP	SARASOTA FL
TITLE	DT <input checked="" type="checkbox"/> DELETE
NAME	RICHARDS, PATRICIA
STREET ADDRESS	4604 VINTAGE DR.
CITY-ST-ZIP	SARASOTA FL
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	D/V <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	D/P <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	D/S
5.3 STREET ADDRESS	David Roodbeen
5.4 CITY-ST-ZIP	7975 Glenbrooke Lane
6.1 TITLE	Sarasota, FL 34243
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. 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 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: *Joseph O'Neill* **Joseph O'Neill, President 03/11/98 (941) 358-8138**

CR2E037 (10/97)