


FILE NOW: FILING FEE IS \$61.25

**FILED**  
**Feb 25, 1999 8:00 am**  
**Secretary of State**

02-25-1999 90082 028 \*\*\*\*61.25

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NONPROFIT CORPORATION ANNUAL REPORT <b>1999</b>		FLORIDA DEPARTMENT OF STATE <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # N29368**

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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2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip Country 24	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip Country 29	3. Date Incorporated or Qualified 11/21/1988	4. FEI Number 65-0085195	Applied For Not Applicable
		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	

9. Name and Address of Current Registered Agent

O'NEILL, JOSEPH  
 7974 MONTICELLO LANE  
 SARASOTA FL 34243

10. Name and Address of New Registered Agent

81 Name: **DAVID ROODBEEN**  
 82 Street Address (P.O. Box Number is Not Acceptable): **7975 GLENBROOKE 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: *David Roodbeen* **DAVID ROODBEEN** DATE: **01-25-99**

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		DELETED
TITLE	DV	<input checked="" type="checkbox"/> DELETE
NAME	GROSSMAN, CHER	
STREET ADDRESS	7978 MONTICELLO LANE	
CITY-ST-ZIP	SARASOTA FL	
TITLE	DP	<input checked="" type="checkbox"/> DELETE
NAME	O'NEILL, JOSEPH	
STREET ADDRESS	7974 MONTICELLO LANE	
CITY-ST-ZIP	SARASOTA FL	
TITLE	DS	<input type="checkbox"/> DELETE
NAME	ROODBEEN, DAVID	
STREET ADDRESS	7975 GLENBROOKE LANE	
CITY-ST-ZIP	SARASOTA FL 34243	
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		Change	Addition
1.1 TITLE	DV	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
1.2 NAME	ACKERMAN, CHUCK		
1.3 STREET ADDRESS	4706 Foy PLACE		
1.4 CITY-ST-ZIP	SARASOTA, FL 34243		
2.1 TITLE	DST	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
2.2 NAME	McFARLAND, Kay		
2.3 STREET ADDRESS	8066 MONTICELLO LANE		
2.4 CITY-ST-ZIP	SARASOTA, FL 34243		
3.1 TITLE	DP	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
3.2 NAME	ROODBEEN, DAVID		
3.3 STREET ADDRESS	7975 GLENBROOKE LANE		
3.4 CITY-ST-ZIP	SARASOTA, FL 34243		
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 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 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, with all other like empowered.

SIGNATURE: *David Roodbeen* **DAVID ROODBEEN** DATE: **01-25-99** Daytime Phone #: **941-355-8146**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E037 (11/98)