

**2001 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Mar 01, 2001 8:00 am**  
**Secretary of State**

03-01-2001 90005 031 \*\*\*\*61.25

**DOCUMENT # N29368**

1. Entity Name

**VINTAGE CREEK HOMEOWNERS ASSOCIATION, INC.**

Principal Place of Business

Mailing Address

PO BOX 579  
TALLEVAST FL 34270

PO BOX 579  
TALLEVAST FL 34270

0 1 0 1 0 0



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

**65-0085195**

Applied For  
Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

**\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**ACKERMAN, CHARLES**  
**4706 FOY PLACE**  
**SARASOTA FL 34243**

Name **Betsy Ross**

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

**7964 GLENBROOKE LANE**

City **SARASOTA**

**FL**

Zip Code **34243**

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the state of Florida.

SIGNATURE

**Betsy Ross**

**02/10/01**

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW:**  
**FEE IS \$61.25**

9. Election Campaign Financing Trust Fund Contribution.

**\$5.00** May Be Added to Fees

**Make Check Payable to Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **DP**  Delete  
 NAME **ACKERMAN, CHUCK**  
 STREET ADDRESS **4706 FOY PLACE**  
 CITY-ST-ZIP **SARASOTA FL 34243**

TITLE **DV**  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE **DST**  Delete  
 NAME **ROODBEEN, DAVID**  
 STREET ADDRESS **7975 GLENBROOKE LANE**  
 CITY-ST-ZIP **SARASOTA FL 34243**

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE **DV**  Delete  
 NAME **GRIFFITH, CHRISTINE**  
 STREET ADDRESS **4616 VINTAGE DRIVE**  
 CITY-ST-ZIP **SARASOTA FL 34243**

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Change  Addition  
 NAME **DP Betsy Ross**  
 STREET ADDRESS **7964 GLENBROOKE LANE**  
 CITY-ST-ZIP **SARASOTA FL 34243**

TITLE  Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**Betsy Ross**

**02/10/01**

**(941) 355-3574**

Date

Daytime Phone #

CR2E037 (10/00)