2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED Feb 09, 2004 8:00 am **DOCUMENT # N29368** 1. Entity Name **Secretary of State** VINTAGE CREEK HOMEOWNERS ASSOCIATION, INC. 02-09-2004 90044 009 ****61.25 Principal Place of Business Mailing Address PO BOX 1632 PO BOX 1632 TALLEVAST, FL 34270 TALLEVAST, FL 34270 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 01072004 Chg-NP CR2E037 (10/03) 4. FEI Number 65-0085195 Applied For City & State City & State Not Applicable Country \$8.75 Additional Zip Zip Country 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent BERNATH CHARLES, ACKERMAN Street Address (P.O. Box Number is Not Acceptable) 4706 FOY PLACE SARASOTA, FL 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. I am familiar with, and accept the obligations of registered agent. 02/04/04 SIGNATURE Make check payable to 9. Election Campaign Financing \$5.00 May Be Filing Fee is \$61.25 Trust Fund Contribution. Florida Department of State Added to Fees Due by May 1, 2004 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 10. OFFICERS AND DIRECTORS 11. DΜ Delete DV Addition TTD F TITLE L. R. SILVER ACKERMAN, CHUCK NAME 7970 MONTICEllo LANE 4706 FOY PLACE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP SARASOTA, FL 34243 CITY-ST-ZIP SARASOTA, FL 34243 DP ☐ Change ☐ Addition TITLE ☐ Delete TILE NAME GLORIA, BERNATH STREET ADDRESS 8066 MONTICELLO LANE STREET ADDRESS CITY-ST-ZIP SARASOTA, FL 34243 CITY-ST-ZIF Delete DST Change Addition DST TTTLE TITLE DAVID ROODBEEN 19975 GLENDROOKE LANE NAME RUSSELL, HOUSEL NAME STREET ADDRESS 4638 CLASSIQUE DRIVE STREET ADDRESS SARASOTA, FL 34243 SARASOTA, FL 34243 CITY-ST-ZIP CITY-ST-7IP ☐ Delete ΤΠLΕ ☐ Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS COY-ST-7IP CITY-ST-ZIP ☐ Delete TITLE Change 1 ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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 an address, with all other like empowered.

NAME

STREET ADDRESS

☐ Delete

SIGNATURE:

TITLE NAME

STREET ADDRESS

CITY-ST-ZIP

Gloria Bernath

Eloria BERNAth

02/04/04

941-351-3389

Change

☐ Addition

Daytime Phone #