

2004 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT

FILED

04 SEP -2 PM 3: 31

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



08252004 Chg-NP CR2E037 (10/03) TK

DOCUMENT # N29368 1. Entity Name VINTAGE CREEK HOMEOWNERS ASSOCIATION, INC.			
Principal Place of Business PO BOX 1632 TALLEVAST, FL 34270		Mailing Address PO BOX 1632 TALLEVAST, FL 34270	
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.	
City & State		City & State	
Zip		Zip	
Country		Country	
4. FEI Number 65-0085195		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent BERNATH, GLORIA 8066 MONTICELLO LANE SARASOTA, FL 34243		7. Name and Address of New Registered Agent Name Kevin T. Wells, Esq. Street Address (P.O. Box Number is Not Acceptable) THE LAW OFFICES OF LOBECK HANSON + WELLS 2033 MAIN STREET, Suite 403 City SARASOTA FL Zip Code 34237	
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.			
SIGNATURE		DATE 8-25-2004	
Amended AR is \$61.25		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
Make check payable to Florida Department of State			
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV SILVER, L.R. 7970 MONTICELLO LANE SARASOTA, FL 34243	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP GLORIA, BERNATH 8066 MONTICELLO LANE SARASOTA, FL 34243	DP Housel, Russell J. 4638 Classique Drive Sarasota FL 34243	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DST ROODBEEN, DAVID 1975 GLENBROOKE LANE SARASOTA, FL 34243	400040970814 09/10/04--01069--010 **\$61.25	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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.			
SIGNATURE:		DATE: 08/30/04	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		DAYTIME PHONE #: 941-355-2367	