

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N29368

FILED
Jan 09, 2007
Secretary of State

Entity Name: VINTAGE CREEK HOMEOWNERS ASSOCIATION, INC.

Current Principal Place of Business:

PO BOX 1632
TALLEVAST, FL 34270

New Principal Place of Business:

4722 FOY PLACE
SARASOTA, FL 34243 US

Current Mailing Address:

PO BOX 1632
TALLEVAST, FL 34270

New Mailing Address:

FEI Number: 65-0085195 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

WELLS, KEVIN T ESQ
THE LAW OFFICES OF LOBECK HANSON & WELLS
2033 MAIN ST STE 403
SARASOTA, FL 34237 US

Name and Address of New Registered Agent:

WELLS, KEVIN T ESQ
THE LAW OFFICES OF KEVIN T WELLS, P.A.
22 S. LINKS AVE., SUITE 301
SARASOTA, FL 34236 US

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: _____

Electronic Signature of Registered Agent

01/09/2007

Date

OFFICERS AND DIRECTORS:

Title: DV () Delete
Name: SCOTT, ADRIENNE V
Address: 4722 FOY PLACE
City-St-Zip: SARASOTA, FL 34243

Title: DP () Delete
Name: CRAWLEY, JAY
Address: 4624 VINTAGE DR
City-St-Zip: SARASOTA, FL 34243

Title: DST () Delete
Name: GRIFFITH, SEBERT
Address: 4616 VINTAGE DR
City-St-Zip: SARASOTA, FL 34243

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DVS (X) Change () Addition
Name: SCOTT, ADRIENNE V
Address: 4722 FOY PLACE
City-St-Zip: SARASOTA, FL 34243 US

Title: DP (X) Change () Addition
Name: CRAWLEY, JAY
Address: 4624 VINTAGE DR
City-St-Zip: SARASOTA, FL 34243 US

Title: DV (X) Change () Addition
Name: LILLIER, GEORGE
Address: 4639 CLASSIQUE DR
City-St-Zip: SARASOTA, FL 34243 US

Title: T () Change (X) Addition
Name: HENKEL, LOU
Address: 7994 MONTICELLO LANE
City-St-Zip: SARASOTA, FL 34243 US

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ADRIENNE V SCOTT

Electronic Signature of Signing Officer or Director

DVS

01/09/2007

Date