

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N29368

FILED
Mar 30, 2009
Secretary of State

Entity Name: VINTAGE CREEK HOMEOWNERS ASSOCIATION, INC.

Current Principal Place of Business:

7990 MONTICELLO LN
SARASOTA, FL 34243 US

New Principal Place of Business:

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:

CRAWLEY, JAY
4624 VINTAGE DR
SARASOTA, FL 34243 US

Name and Address of New Registered Agent:

MCKAY, TELESE B ESQ
2055 WOOD ST
SUITE 120
SARASOTA, FL 34237 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: TELESE B MCKAY

03/30/2009

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: DVS () Delete
Name: JONES, PAMELA A
Address: 7990 MONTICELLO LN
City-St-Zip: SARASOTA, FL 34243 US

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

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

Title: T () Delete
Name: SCOTT, ADRIENNE
Address: 4722 FOY PL
City-St-Zip: SARASOTA, FL 34243 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DS (X) Change () Addition
Name: JONES, PAMELA A
Address: 7990 MONTICELLO LN
City-St-Zip: SARASOTA, FL 34243 US

Title: DV (X) Change () Addition
Name: ELIAS, KATHY
Address: 4631 CLASSIQUE DR
City-St-Zip: SARASOTA, FL 34243 US

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

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify 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: PAMELA A JONES

DS

03/30/2009

Electronic Signature of Signing Officer or Director

Date