

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

NONPROFIT CORPORATION ANNUAL REPORT 1996



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # **N92000000788 (1)**

1. Corporation Name  
**VANTAGE POINTE HOMEOWNERS'S ASSOCIATION, INC.**



Principal Place of Business: **418 FIAT AVENUE SEBRING FL 33872**  
Mailing Address: **418 FIAT AVENUE SEBRING FL 33872**

3. Date Incorporated or Qualified: **12/11/1992**  
3a. Date of Last Report: **06/02/1995**

2. Principal Place of Business  
21 **1325 Pointe East**  
Suite, Apt. #, etc.  
22 \_\_\_\_\_  
2a. Mailing Address  
26 **1325 Pointe East**  
Suite, Apt. #, etc.  
27 \_\_\_\_\_

4. FEI Number: **59-3180914**  
Applied For:  Not Applicable

23 **Sebring Fl.**  
City & State  
Zip: **33872** Country: **Highlands**  
28 **Sebring, FLA.**  
City & State  
Zip: **33872** Country: **Highlands**

5. Certificate of Status Desired:  **\$8.75 Additional Fee Required**  
6. Election Campaign Financing Trust Fund Contribution:  **\$5.00 May Be Added to Fees**

24 **33872** 25 **Highlands** 29 **33872** 30 **Highlands**

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes:  Yes  No

9. Name and Address of Current Registered Agent  
**WHITEHOUSE, J. WENDELL  
445 SOUTH COMMERCE AVE.  
SEBRING FL 33870**

10. Name and Address of New Registered Agent  
81 Name  
82 Street Address (P.O. Box Number is Not Acceptable)  
83  
84 City  
85 Zip Code: **FL**

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE: \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE: \_\_\_\_\_

12. OFFICERS AND DIRECTORS

TITLE	<b>PD</b>	<input type="checkbox"/> DELETE
NAME	<b>WOODS, LEE</b>	
STREET ADDRESS	<b>418 FIAT AVE</b>	
CITY-ST-ZIP	<b>SEBRING FL</b>	
TITLE	<b>D</b>	<input type="checkbox"/> DELETE
NAME	<b>RUNYON, GENE</b>	
STREET ADDRESS	<b>1214 VANTAGE TRACE</b>	
CITY-ST-ZIP	<b>SEBRING FL</b>	
TITLE	<b>SDT</b>	<input type="checkbox"/> DELETE
NAME	<b>WOODS, SHAWN</b>	
STREET ADDRESS	<b>418 FIAT AVENUE</b>	
CITY-ST-ZIP	<b>SEBRING FL</b>	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<b>PD</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	<b>WOODS, Lee</b>	
1.3 STREET ADDRESS	<b>Rt 1 Box 269 A</b>	
1.4 CITY-ST-ZIP	<b>20150 Springs, FL 33890</b>	
2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE	<b>SDT</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	<b>WOODS, SHAWN</b>	
3.3 STREET ADDRESS	<b>Rt 1 Box 269 A</b>	
3.4 CITY-ST-ZIP	<b>20150 Spring, FL 33890</b>	
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Lee Woods President 3/1/96 941-735-2716  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (12/95)