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Feb 19 1997 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997



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

Mailing Address

1325 POINTE EAST  
SEBRING FL 33872  
US

1325 POINTE EAST  
SEBRING FL 33872-3469  
US

3. Date Incorporated or Qualified  
12/11/1992

3a. Date of Last Report  
03/08/1996

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

25 Country

28 Zip

30 Country

4. FEI Number  
59-3180914

Applied For  
Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution

\$5.00 May Be Added to Fees

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

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

~~WHITEHOUSE, J. WENDELL  
445 SOUTH COMMERCE AVE.  
SEBRING FL 33870~~

81 Name  
Passarella, Margaret

82 Street Address (P.O. Box Number is Not Acceptable)  
2212 Vantage Trace

83

84 City  
Sebring FL 8533872

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

*Margaret Passarella*  
Signature, typed or printed name of registered agent and title if applicable.

*Margaret Passarella*  
(NOTE: Registered Agent signature required when reinstating)

*2/13/97*  
DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PD  DELETE  
NAME WOODS, LEE  
STREET ADDRESS RT 1 BOX 269-A  
CITY-ST-ZIP ZOLFO SPRINGS FL

1.1 TITLE P.D.  Change  Addition  
1.2 NAME Vanderlaan, Richard  
1.3 STREET ADDRESS 3300 Pointe West  
1.4 CITY-ST-ZIP Sebring, Fl. 33872

TITLE D  DELETE  
NAME RUNYON, GENE  
STREET ADDRESS 1214 VANTAGE TRACE  
CITY-ST-ZIP SEBRING FL

2.1 TITLE VD  Change  Addition  
2.2 NAME Greaser, Elaine  
2.3 STREET ADDRESS 1300 Pointe East  
2.4 CITY-ST-ZIP Sebring, Fla. 33872

TITLE SDT  DELETE  
NAME WOODS, SHAWN  
STREET ADDRESS RT 1 BOX 269-A  
CITY-ST-ZIP ZOLFO SPRING FL

3.1 TITLE SD  Change  Addition  
3.2 NAME Sharpnack, Ed  
3.3 STREET ADDRESS 4126 Vantage Circle  
3.4 CITY-ST-ZIP Sebring, Fla. 33872

TITLE  DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

4.1 TITLE TD  Change  Addition  
4.2 NAME DeWalt, Jim  
4.3 STREET ADDRESS 2204 Vantage Trace  
4.4 CITY-ST-ZIP Sebring, Fla. 33872

TITLE  DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

5.1 TITLE  Change  Addition  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

TITLE  DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

6.1 TITLE  Change  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 does not qualify for the exemption stated in Section 119.07(3)(i), 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 or on an attachment with an address.

SIGNATURE:

*Richard Vanderlaan*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone # 0064447

*2-13-97*  
*941-385-5522*

CR2E037 (9/96)