

FILE NOW: FILING FEE IS \$61.25

FILED

**Feb 18 1998 8:00am
Secretary of State**

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N92000000788 (1)
1. Corporation Name
VANTAGE POINTE HOMEOWNER'S ASSOCIATION, INC.



Principal Place of Business 1325 POINTE EAST SEBRING FL 33872 US	Mailing Address 1325 POINTE EAST SEBRING FL 33872 US
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3. Date Incorporated or Qualified 12/11/1992	
4. FEI Number 59-3180914	Applied For <input type="checkbox"/> Yes <input type="checkbox"/> No
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input type="checkbox"/> No	
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business 21 Suite, Apt #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 26 Suite, Apt #, etc. 27 City & State 28 Zip 29 Country
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9. Name and Address of Current Registered Agent

**PASSARELLA, MARGARET
2212 VANTAGE TRACE
SEBRING FL 33872**

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

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 _____ DATE _____
Signature typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		
TITLE	PD	<input type="checkbox"/> DELETE
NAME	VANDERLAAN, RICHARD	
STREET ADDRESS	3300 POINTE WEST	
CITY-ST-ZIP	SEBRING FL	
TITLE	VD	<input checked="" type="checkbox"/> DELETE
NAME	GREASER, ELAINE	
STREET ADDRESS	1300 POINTE EAST	
CITY-ST-ZIP	SEBRING FL	
TITLE	SD	<input checked="" type="checkbox"/> DELETE
NAME	SHARPNACK, ED	
STREET ADDRESS	4128 VANTAGE CIRCLE	
CITY-ST-ZIP	SEBRING FL	
TITLE	TD	<input type="checkbox"/> DELETE
NAME	DEWALT, JIM	
STREET ADDRESS	2204 VANTAGE TRACE	
CITY-ST-ZIP	SEBRING FL	
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		<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME		
1.3 STREET ADDRESS		
1.4 CITY-ST-ZIP		
2.1 TITLE	VD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	WOODS, JOE	
2.3 STREET ADDRESS	2214 VANTAGE TRACE	
2.4 CITY-ST-ZIP	SEBRING, FL	
3.1 TITLE	SD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	PASSARELLA, MARGARET	
3.3 STREET ADDRESS	2212 Vantage Trace	
3.4 CITY-ST-ZIP	Sebring, FL.	
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 hereby certify that the information submitted 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 if changed, or on an attachment with an address.

SIGNATURE: *Richard Vanderlaan*

FEB 10 1998

CP2E037 (10/97)