


FILE NOW: FILING FEE IS \$61.25

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Mar 11, 1999 8:00 am
Secretary of State

03-11-1999 90213 017 ****61.25

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| NONPROFIT CORPORATION ANNUAL REPORT 1999 |  | FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS |
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DOCUMENT # N92000000788

1. Corporation Name
VANTAGE POINTE HOMEOWNER'S ASSOCIATION, INC.

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| Principal Place of Business 1325 POINTE EAST SEBRING FL 33872 US | Mailing Address 1325 POINTE EAST SEBRING FL 33872 US |
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|---|--|---|-----------------------------|-------------------------------|
| 2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip Country | 2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip Country | 3. Date Incorporated or Qualified 12/11/1992 | 4. FEI Number 59-3180914 | Applied For Not Applicable |
| 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 | | |

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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 WOODS, JOE 82 Street Address (P.O. Box Number is Not Acceptable) 2214 VANTAGE TRACE 83 <i>Joseph L. Woods</i> 84 City SEBRING FL 85 Zip Code 33872 |
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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 JOE WOODS - V. PRES. DATE FEBRUARY 21, 1999
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

| 12. OFFICERS AND DIRECTORS | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | |
|----------------------------|------------------------------------|---|---|
| TITLE | PD <input type="checkbox"/> DELETE | 1.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | VANDERLAAN, RICHARD | 1.2 NAME | |
| STREET ADDRESS | 3300 POINTE WEST | 1.3 STREET ADDRESS | |
| CITY-ST-ZIP | SEBRING FL | 1.4 CITY-ST-ZIP | |
| TITLE | VD <input type="checkbox"/> DELETE | 2.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | WOODS, JOE | 2.2 NAME | |
| STREET ADDRESS | 2214 VANTAGE TRACE | 2.3 STREET ADDRESS | |
| CITY-ST-ZIP | SEBRING FL | 2.4 CITY-ST-ZIP | |
| TITLE | SD <input type="checkbox"/> DELETE | 3.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | PASSARELLA, MARGARET | 3.2 NAME | |
| STREET ADDRESS | 2212 VANTAGE TRACE | 3.3 STREET ADDRESS | |
| CITY-ST-ZIP | SEBRING FL | 3.4 CITY-ST-ZIP | |
| TITLE | TD <input type="checkbox"/> DELETE | 4.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | DEWALT, JIM | 4.2 NAME | |
| STREET ADDRESS | 2204 VANTAGE TRACE | 4.3 STREET ADDRESS | |
| CITY-ST-ZIP | SEBRING FL | 4.4 CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> DELETE | 5.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | 5.2 NAME | |
| STREET ADDRESS | | 5.3 STREET ADDRESS | |
| CITY-ST-ZIP | | 5.4 CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> DELETE | 6.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | 6.2 NAME | |
| STREET ADDRESS | | 6.3 STREET ADDRESS | |
| CITY-ST-ZIP | | 6.4 CITY-ST-ZIP | |

14. I 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 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Richard Vanderlaan SIGNATURE REQUIRED: RICHARD VANDERLAAN - PRES. 2/21/99 941-385-5522
Signature and typed or printed name of signing officer or director Date Daytime Phone #

CR2E037 (11/98)