


2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 12, 2004 8:00 am
Secretary of State

03-12-2004 90043 048 ****61.25

DOCUMENT # N92000000788			
1. Entity 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	
2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country



MOORE CR2E037 (11/03)

4. FEI Number 59-3180914		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent DEWALT, JIM 2204 VANTAGE TRACE SEBRING FL 33872		7. Name and Address of New Registered Agent Name LANGLAND, MIKE Street Address (P.O. Box Number is Not Acceptable) 1224 POINTE EAST City SEBRING FL Zip Code 33872	

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE **MIKE LANGLAND** *Mike Langland* DATE **3-7-04**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when re-registering)

FILE NOW: FEE IS \$61.25 Due By May 1, 2004	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees	Make Check Payable to Florida Department of State
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE PD NAME VANDERLAAN, RICHARD STREET ADDRESS 3300 POINTE WEST CITY-ST-ZIP SEBRING FL	<input checked="" type="checkbox"/> Delete	TITLE AD NAME DONALD DEWEY STREET ADDRESS 2120 VANTAGE TRACE CITY-ST-ZIP SEBRING, FL 33872	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE SD NAME SNIDOW, LOUSIE STREET ADDRESS 2126 VANTAGE TRACE CITY-ST-ZIP SEBRING FL 33872	<input checked="" type="checkbox"/> Delete	TITLE SD NAME STANYSER, NAULY STREET ADDRESS 3123 POINTE WEST CITY-ST-ZIP SEBRING, FL 33872	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE TD NAME DEWALT, JIM STREET ADDRESS 2204 VANTAGE TRACE CITY-ST-ZIP SEBRING FL	<input checked="" type="checkbox"/> Delete	TITLE TD NAME VANDERLAAN, RICHARD STREET ADDRESS 3302 POINTE WEST CITY-ST-ZIP SEBRING, FL 33872	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE VD NAME LANGLAND, MIKE STREET ADDRESS 1224 POINTE EAST CITY-ST-ZIP SEBRING FL 33872	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: **RICHARD VANDERLAAN** *Richard Vanderlaan* DATE **3-7-04** DAYTIME PHONE # **385-5522**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #