2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

Apr 08, 2005 8:00 am Secretary of State DOCUMENT # N92000000788 1. Entity Name 04-08-2005 90036 039 ****61.25 VANTAGE POINTE HOMEOWNER'S ASSOCIATION, INC. Principal Place of Business Mailing Address 1325 POINTE EAST SEBRING FL 33872 1325 POINTE EAST SEBRING FL 33872 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. CR2E037 (10/04) 1st MOORE Applied For City & State City & State 4. FEI Number 59-3180914 Not Applicable Zip Country Country Zip \$8.75 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent LANGLAND, MIKE Street Address (P.O. Box Number is Not Acceptable) 1224 POINTE EAST SEBRING FL 33872 Zip Code 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 Signature, typed or printed name of registered agent and title if applicable (NOTE, Registered Agent signature required when reinstating) FILE NOW: FEE IS \$61.25 Make Check Payable to 9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Due By May 1, 2005 Added to Fees Florida Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 10 11. ☐ Delete TITLE ☐ Addition GREASER, ELAINE 1300 POINT EAST SEBRING, FL 33872 DEWEY, DONALD NAME NAME 2120 VANTAGE TRACE STREET ADDRESS STREET ADDRESS SEBRING FL 33872 CITY-ST-7IP CITY-ST-ZIP ☐ Change ☐ Addition TITLE Delete TITLE STANYER, NANCY NAME NAME 3123 POINTE WEST STREET ADDRESS STREET ADDRESS SEBRING FL 33872 CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE ☐ Change ☐ Addition VANDERLAAN, RICHARD NAME NAME 3302 POINTE WEST STREET ADDRESS STREET ADDRESS SEBRING FL 33872 CITY-ST-ZIP CITY-ST-7IP ☐ Delete ☐ Addition TITLE TITLE ☐ Change LANGLAND, MIKE NAME NAME 1224 POINTE EAST STREET ADDRESS STREET ADDRESS SEBRING FL 33872 CITY-ST-ZIP CITY-S1-7IP ☐ Delete ☐ Change TITLE TITLE ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-SI-ZIP ☐ Delete ☐ Change ☐ Addition TITLE III F NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP

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.

Acre all Dewy

3/9/05 (863)386-028/ Date Date Daytime Phone #

FILED