


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 23, 2007 8:00 am
Secretary of State

04-23-2007 90065 046 ****70.00

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 - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 59-3180914	
Zip		Country		5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
LANGLAND, MIKE 1224 POINTE EAST SEBRING, FL 33872			Name <u>KELLY, ERNEST</u> Street Address (P.O. Box Number is Not Acceptable) <u>3219 POINTE WEST</u> City <u>SEBRING</u> FL Zip Code <u>33872</u>		
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 <u>Ernest Kelly</u> ERNEST KELLY PD		DATE <u>4/16/07</u>			
Filing Fee is \$61.25 Due by May 1, 2007		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	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD DEWEY, DONALD 2120 VANTAGE TRACE SEBRING, FL 33872	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD KELLY, ERNEST 3219 POINTE WEST SEBRING, FL 33872	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD STANYER, NANCY 3123 POINTE WEST SEBRING, FL 33872	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD FULLER, SONIA 2117 VANTAGE TRACE SEBRING, FL 33872	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD GREASER, ELMINE 1300 POINT EAST SEBRING, FL 33872	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD GOODE, FLORENCE 2214 VANTAGE TRACE SEBRING, FL 33872	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD LANGLAND, MIKE 1224 POINTE EAST SEBRING, FL 33872	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD BECKER, WALTER 1117 POINTE EAST SEBRING, FL 33872	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SECKER, WALTER 1117 POINTE EAST SEBRING, FL 33872	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BAGGERLY, DUANE 4433 VANTAGE CIRCLE SEBRING, FL 33872	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HULL, DON 3300 POINTE WEST SEBRING, FL 33872	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PINSONNEAULT, RON 1106 POINTE EAST SEBRING, FL 33872	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: <u>Ernest Kelly</u> ERNEST KELLY, PD		DATE: <u>4/16/07</u>		DAYTIME PHONE: <u>863-471-0249</u>	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		DATE		DAYTIME PHONE #	