## 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # N03000005378

1. Entity Name



FILED
May 02, 2005 8:00 am
Secretary of State
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05-02-2005 90438 009 \*\*\*\*61.25

Pool   Program	VINTAGE	E CREEK COMMUNITY ASS	SOCIATION, INC.				
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Supplemental Properties and Address of Current Registered Agent   Supplemental Properties   Supp							
Second Control   Second Courter   Seco	7.1 00 7.101.7 Q 7.7 Q			<u> </u>	03292005 Chg-NP	CR2E037 (16	0/03)
Summariant Addition  6. Number and Additions of Current Registrated Agent:  1. Name  1. Number and Additions of New Registered Agent:  1. Name  1. Number and Additions of New Registered Agent:  1. Name  1. Number and Additions of New Registered Agent:  1. ADDITIONS/CHANGES TO OFFICERS AND DIRECT	City & Stat	ANTATION FL	PLANT ATTOM	1 FL			<del></del>
Name   Street Address (P.O. Box Number is Not Acceptable)	Zip 3	3318 Country S A	<sup>zi</sup> 333/8 °		5. Certificate of Status De		
Street Address (P.O. Box Number is Not Acceptable)  Street Address (P.O. Box Number is Not Acceptable)  City FL Zip Codo  8. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florids. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florids. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florids. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florids. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florids. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florids. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florids. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florids. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florids. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florids. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florids. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florids. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florids. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florids. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florids. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florids. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florids. I am familiar with, and accept the properties of the purpose of State of Florids. I am familiar with, and accept the purpose of the purpose of the purpose of S	_	• •	Registered Agent —	Name	7. Name and Address of	New Registered Agent	
AVENTURA, FL 33180 City FL Zip Code  8. The above camed onlity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of the State of Florida Department of State.  FILIT THE SPACE OF THE STATE OF	20801 BIS				(P.O. Box Number is Not Acc	ceptable)	
B. The aboven named entity submits this statement for the purpose of changing its registered effice or registered agent, or both, in the State of Rorida. I am tamiliar with, and accept the obligations of registered agent.  SIGNATURE    Signature   Sprink, fixed or printed harm of registered agent and the interest of the purpose of changing its registered effice or registered agent, or both, in the State of Rorida. I am tamiliar with, and accept the obligations or registered agent, or both, in the State of Rorida. I am tamiliar with, and accept the obligations or registered agent, or both, in the State of Rorida. I am tamiliar with, and accept the obligations of registered agent, or both, in the State of Rorida. I am tamiliar with, and accept the obligations of registered agent, or both, in the State of Rorida. I am tamiliar with, and accept the obligations of registered agent, or both, in the State of Rorida. I am tamiliar with, and accept the obligations of registered agent, or both, in the State of Rorida. I am tamiliar with, and accept the obligations of registered agent, or both, in the State of Rorida. I am tamiliar with, and accept the obligations of registered agent, or both, in the State of Rorida. I am tamiliar with, and accept the obligations of registered agent, or both, in the State of Rorida. I am tamiliar with, and accept the policy of Rorida State of Rorida. I am tamiliar with, and accept the Rorida Addition of Rorida State of Rori	I	AIF 1			FR 1 - EV-16 - de de allidado	•	
SIGNATURE  Filling Fee is \$61.25		* * *		City		FL 2	ip Code
Filing Fee is \$61.25  Due by May 1, 2095  10. OFFICERS AND DIRECTORS  11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10  PERRY, CRAIG 25 CORAL RIDGE DRIVE CORAL SPRINGS, FL 33071  Delete NAME SIREE ADDRESS OITY-ST-2P  CORAL SPRINGS, FL 33071  Delete NAME SIREE ADDRESS OITY-ST-2P  CORAL SPRINGS, FL 33071  Delete NAME SIREE ADDRESS OITY-ST-2P  CORAL SPRINGS, FL 33071  Delete NAME SIREE ADDRESS OITY-ST-2P  CORAL SPRINGS, FL 33071  Delete NAME SIREE ADDRESS OITY-ST-2P  CORAL SPRINGS, FL 33071  Delete NAME SIREE ADDRESS OITY-ST-2P  CORAL SPRINGS, FL 33071  Delete NAME SIREE ADDRESS OITY-ST-2P  CORAL SPRINGS, FL 33071  Delete NAME SIREE ADDRESS OITY-ST-2P  CORAL SPRINGS, FL 33071  Delete NAME SIREE ADDRESS OITY-ST-2P  CORAL SPRINGS, FL 33071  Delete NAME SIREE ADDRESS OITY-ST-2P  CORAL SPRINGS, FL 33071  Delete NAME SIREE ADDRESS OITY-ST-2P  CORAL SPRINGS, FL 33071  Delete NAME SIREE ADDRESS OITY-ST-2P  CORAL SPRINGS, FL 33071  Delete NAME SIREE ADDRESS OITY-ST-2P  CORAL SPRINGS, FL 33071  Delete NAME SIREE ADDRESS OITY-ST-2P  CORAL SPRINGS, FL 33071  Delete NAME SIREE ADDRESS OITY-ST-2P  CORAL SPRINGS, FL 33071  Delete NAME SIREE ADDRESS OITY-ST-2P  CORAL SPRINGS, FL 33071  Delete NAME SIREE ADDRESS OITY-ST-2P  CORAL SPRINGS, FL 33071  Delete NAME SIREE ADDRESS OITY-ST-2P  CORAL SPRINGS, FL 33071  Delete NAME SIREE ADDRESS OITY-ST-2P  CORAL SPRINGS IN THE INTERCEPTION STATE ADDRESS OITY-ST-2P  CORAL SPRINGS IN THE INTERCEPTION STATE ADDRESS OITY-ST-2P  Delete NAME SIREE ADDRESS OITY-ST-2P  CORAL SPRINGS IN THE INTERCEPTION STATE ADDRESS OITY-ST-2P  Delete NAME SIREE ADDRESS OITY-ST-2P  DELET ADDRESS OITY-ST-2P			the purpose of changing its regist	ered office or register	red agent, or both, in the Sta	te of Florida. I am familia	ar with, and accept
Filing Foe is \$61.25   Sue by May 1, 2005   Since Incompany   Sinc	SIGNATURE						ĺ
TILE NOW, STEEL ADDRESS CITY-ST-ZIP CORAL SPRINGS, FL 33071  TITLE NAME STREET ADDRESS CITY-ST-ZIP  TITLE NAME STREET ADDRESS CITY-ST-Z	OIGHAN OIL		and title if applicable. (NOTE: Regist	ered Agent signature required	d when reinstating)	DATE	
TITLE NAME PERRY, CRAIG STREET ADDRESS CITY-ST-ZIP  VO ORAL SPRINGS, FL 33071  TITLE VD ORAL SPRINGS, FL 33071  TITLE STIEGELE, ROBERT STREET ADDRESS CITY-ST-ZIP  TITLE SD ORAL SPRINGS, FL 33071  TITLE STAMME STREET ADDRESS CITY-ST-ZIP  CORAL SPRINGS, FL 33071  TITLE STAMME STREET ADDRESS CITY-ST-ZIP  TITLE S	٠.		, ,		\$5.00 May Be Added to Fees		
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NAME STREET ADDRESS CITY-ST-ZIP  TITLE NAME STREET ADDRESS CITY-ST-ZIP  TITLE NAME STREET ADDRESS CITY-ST-ZIP  12. I hereby certify that the information supplied with this filling close 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 accurrate 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 appropaged to execute this report as required by Chapter 617, Florida Statutes: and that my name appears in Block 10 or Block 11 if  SIGNATURE:	NAME STREET ADDRESS	GLUCKMAN, NICHOLAS 825 CORAL RIDGE DRIVE	N S	AME TREET ADDRESS			Change
NAME STREET ADDRESS CITY-ST-ZIP  12. I hereby certify that the information supplied with this filing close 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  SIGNATURE:	NAME STREET ADDRESS		N S	AME Treet address	•		Change Addition
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	CITY-ST-ZIP	certify that the information supplied with d on this report or supplemental report is reporation or the receiver or trustee emporation or on an attachment with an authors is		ITY-ST-ZIP	ection 119.07(3)(i), Florida St same legal effect as if made 7, Florida Statutes; and that r	atutes. I further certify the under oath; that I am an my name appears in Bloom	at the information officer or director ck 10 or Block 11 if