

**2008 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 24, 2008 8:00 am
Secretary of State

01-24-2008 90038 011 ****61.25

DOCUMENT # N05000000729

1. Entity Name
**VINTAGE VIEW PROPERTY OWNERS' ASSOCIATION,
INC.**



Principal Place of Business
**5431 U.S. HWY. 98 S.
LAKELAND, FL 33812**

Mailing Address
**P.O. BOX 237
HIGHLAND CITY, FL 33846**

40003400



DO NOT WRITE IN THIS SPACE

01192008 No Chg-NP

CR2E037 (4/06)

4. FEI Number
51-0534229

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**E. SNOW MARTIN, JR.
200 LAKE MORTON DRIVE
LAKELAND, FL 33801**

**DO NOT WRITE
IN THIS SPACE**

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)

DATE

**Filing Fee is \$61.25
Due by May 1, 2008**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**PD
LOFTIN, WILLIAM H
5371 HWY. 98 S.
LAKELAND, FL 33812**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**VD
ROGERS, OSCAR W JR.
5431 HWY. 98 S.
LAKELAND, FL 33812**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**STD
C. DANE ROGERS
5431 U.S. HWY 98 S.
LAKELAND, FL 33812**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**DO NOT WRITE
IN THIS SPACE**

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:

C. Dane Rogers

1/21/08

863-646-5187

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #