

2008 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT

APPROVED
AND
FILED

08 MAR 28 AM 6:03

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

RM 4-02-08



03262008 Chg-NP CR2E037 (12/06)

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

2. Principal Place of Business - No P.O. Box #
5614 Vintage View Avenue

3. Mailing Address
5614 Vintage View Ave.

Suite, Apt. #, etc.

City & State
Lakeland, FL

City & State
Lakeland, FL

Zip
33812

Country
Polk USA

Zip
33812

Country
Polk USA

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

7. Name and Address of New Registered Agent
Name
Street Address (P.O. Box Number is Not Acceptable)
City
FL 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

Amended AR is \$61.25

9. Election Campaign Financing Trust Fund Contribution. ☐ \$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 LOFTIN, WILLIAM H 5371 HWY. 98 S. LAKELAND, FL 33812 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD Jeff Spence 5614 Vintage View Ave. Lakeland, FL 33812 <input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD ROGERS, OSCAR W JR. 5431 HWY. 98 S. LAKELAND, FL 33812 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD Devin Hunt 5701 Vintage View Blvd. Lakeland, FL 33812 <input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD C. DANE ROGERS 5431 U.S. HWY 98 S. LAKELAND, FL 33812 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD Andrea Gordon 5449 Vintage View Blvd. Lakeland, FL 33812 <input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD Clinton Dyer 5423 Vintage View Pass Lakeland, FL 33812 <input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	700122762037 04/09/08--01044--018 **61.25 <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input 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: [Signature] 3/26/08 863-701-7607
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #