

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N05000000729

FILED
Apr 26, 2009
Secretary of State

Entity Name: VINTAGE VIEW PROPERTY OWNERS' ASSOCIATION, INC.

Current Principal Place of Business:

5614 VINTAGE VIEW AVENUE
LAKELAND, FL 33812

New Principal Place of Business:

Current Mailing Address:

POST OFFICE BOX 1044
HIGHLANDS CITY, FL 33812

New Mailing Address:

FEI Number: 51-0534229

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

REED, ANDREW M.
422 SOUTH FLORIDA AVENUE
LAKELAND, FL 33801 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: SPENCE, JEFF
Address: 5614 VINTAGE VIEW AVENUE
City-St-Zip: LAKELAND, FL 33812

Title: VD () Delete
Name: HUNT, DEVIN
Address: 5701 VINTAGE VIEW BLVD.
City-St-Zip: LAKELAND, FL 33812

Title: SD () Delete
Name: GORDON, ANDREA
Address: 5449 VINTAGE VIEW BLVD.
City-St-Zip: LAKELAND, FL 33812

Title: TD () Delete
Name: BLAND, JEFF
Address: 5423 VINTAGE VIEW PASS
City-St-Zip: LAKELAND, FL 33812

Title: D () Delete
Name: WINKLER, CORNELIUS
Address: 2840 VINTAGE VIEW LOOP
City-St-Zip: LAKELAND, FL 33812

Title: D () Delete
Name: MCGUIRE, JAMES
Address: 2860 VINTAGE VIEW LOOP
City-St-Zip: LAKELAND, FL 33812

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: TD (X) Change () Addition
Name: MACEY, CAROL B
Address: 5567 VINTAGE VIEW BLVD
City-St-Zip: LAKELAND, FL 33812

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: CAROL B. MACEY

TD

04/26/2009

Electronic Signature of Signing Officer or Director

Date