

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N29368

FILED
Jan 29, 2008
Secretary of State

Entity Name: VINTAGE CREEK HOMEOWNERS ASSOCIATION, INC.

Current Principal Place of Business:

4722 FOY PLACE
SARASOTA, FL 34243 US

New Principal Place of Business:

7990 MONTICELLO LN
SARASOTA, FL 34243 US

Current Mailing Address:

PO BOX 1632
TALLEVAST, FL 34270

New Mailing Address:

FEI Number: 65-0085195 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

WELLS, KEVIN T ESQ
THE LAW OFFICES OF KEVIN T WELLS, P.A.
22 S. LINKS AVE., SUITE 301
SARASOTA, FL 34236 US

Name and Address of New Registered Agent:

CRAWLEY, JAY
4624 VINTAGE DR
SARASOTA, FL 34243 US

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: JAY CRAWLEY

01/29/2008

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: DVS () Delete
Name: SCOTT, ADRIENNE V
Address: 4722 FOY PLACE
City-St-Zip: SARASOTA, FL 34243 US

Title: DP () Delete
Name: CRAWLEY, JAY
Address: 4624 VINTAGE DR
City-St-Zip: SARASOTA, FL 34243 US

Title: DV () Delete
Name: LILLIER, GEORGE
Address: 4639 CLASSIQUE DR
City-St-Zip: SARASOTA, FL 34243 US

Title: T () Delete
Name: HENKEL, LOU
Address: 7994 MONTICELLO LANE
City-St-Zip: SARASOTA, FL 34243 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DVS (X) Change () Addition
Name: JONES, PAMELA A
Address: 7990 MONTICELLO LN
City-St-Zip: SARASOTA, FL 34243 US

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

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

Title: T (X) Change () Addition
Name: SCOTT, ADRIENNE
Address: 4722 FOY PL
City-St-Zip: SARASOTA, FL 34243 US

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: PAMELA A JONES

DVS

01/29/2008

Electronic Signature of Signing Officer or Director

Date