CORPORATION
ANNUAL REPORT
~~1994~~ 1995

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
95 JUL 18 AM 8:31

1. Corporation Name

VANTAGE HILLS OWNERS ASSOC., INC.

DOCUMENT #
N38689

Mailing Address
c/o Violet Rollins
1021 Jacks Branch Road
Cantonment, FL 32533

Principal Place of Business
Same as mailing

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 06/18/90
3a. Date of Last Report: 08/08/94

2. Mailing Address	2a. Principal Place of Business
21	26
Suite, Apt. #, etc.	Suite, Apt. #, etc.
22	27
City & State	City & State
23	28
Zip / Country	Zip / Country
24 / 25	29 / 30

4. FEI Number: 59-3054705 — Applied For ☐ Not Applicable ☐

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

6. Election Campaign Financing Trust Fund Contribution ☐ $5.00 May Be Added to Fees

7. Nonprofit Exempt from $138.75 Supplemental Fee ☐

8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

Watson, Lisa A.
125 W. Romana Street, Suite 800
Pensacola, FL 32501

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City — FL — 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508 or Sections 617.0502 and 617.1506, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors.
I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505 or 617.0503, Florida Statutes.

SIGNATURE _____ DATE _____
Registered agent affixing Acknowledgment (NOTE: Registered Agent's signature required when no status)

12. OFFICERS AND DIRECTORS		13. CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	D	1.1 TITLE	
1.2 NAME	Watson, Lisa A.	1.2 NAME	
1.3 STREET ADDRESS	Post Office Drawer 13010	1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	Pensacola, FL 32591-3010	1.4 CITY-ST-ZIP	
2.1 TITLE	D/S	2.1 TITLE	
2.2 NAME	Rollins, Violet A.	2.2 NAME	700001546017
2.3 STREET ADDRESS	1021 Jacks Branch Road	2.3 STREET ADDRESS	-07/25/95--01124--010
2.4 CITY-ST-ZIP	Cantonment, FL	2.4 CITY-ST-ZIP	****225.00 ****225.00
3.1 TITLE	D/V	3.1 TITLE	
3.2 NAME	Kennedy, Stephen J.	3.2 NAME	
3.3 STREET ADDRESS	3550 Vantage Road	3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	Cantonment, FL	3.4 CITY-ST-ZIP	
4.1 TITLE	D	4.1 TITLE	
4.2 NAME	O'Gwynn, Kenneh A.	4.2 NAME	
4.3 STREET ADDRESS	1755 Fish Hook Road	4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	Cantonment, FL	4.4 CITY-ST-ZIP	
5.1 TITLE	D/T	5.1 TITLE	
5.2 NAME	Robbins, Michaell V.	5.2 NAME	
5.3 STREET ADDRESS	9850 Music Lane	5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	Pensacola, FL	5.4 CITY-ST-ZIP	
6.1 TITLE		6.1 TITLE	
6.2 NAME		6.2 NAME	
6.3 STREET ADDRESS		6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I release the Division of Corporations from any liability of non-compliance with Section 119.07 3(i) in the event that the information supplied is deemed exempt from public access. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I have fulfilled all obligations concerning unclaimed property imposed by Chapter [illegible] Florida Statutes; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607 or Chapter 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Lisa A. Watson 7/13/95 PRESIDENT
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Capacity
Lisa A. Watson