2005 NOT-FOR-PROFIT CORPORATION **ANNUAL REPORT**

FILED Apr 08, 2005 8:00 am Secretary of State 04-08-2005 90071 029 ****61.25

DOCUMENT # N43249 1. Entity Name THE VILLAS AT VANTAGE POINTE HOMEOWNERS ASSOCIATION, INC.										
Principal Place of Business 215 GRAND BLVD DESTIN, FL 32550 US		215	Mailing Address 215 GRAND BLVD DESTIN, FL 32550 US			40051373				
2. Principal Place of Business		3, Ma	3. Mailing Address Hwy 98							
Suite, Apt. #, etc.			Suite Apt. #, et 208			01272005 Chg-NP CR2E037 (10/03)				
City & State			Destin, FL		4. FEI Number 59-3070750		'50			plied For Applicable
Zip	Country	32	550	Walto	_	5. Certificate of		Fee	.75 Addi Required	tional I
215 GRAN	TERRY P D BLVD BEACH, FL 32550	urrent Register	ed Agent	Name Street A	wa Zzi Vui- Des	7. Name and Act Her D. P. Box Number 1	S COH s,No Cooptable)		393	30
8. The above the obligat	named entity submits this stater ions of registered agent. Signature, typed or printed name of register	$Q_{i}(x)$	plicative (NC	ITE: Registered Agent signa			1-5-0	DATE		 _
10.	Filing Fee is \$61.25 Due by May 1, 2005	ND DIRECTORS	Trust Fund	ampaign Financing Contribution.		\$5.00 May Be Added to Fees	Flori	ke check partine	ent of St	ate
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV MEILCAREK, GARY 852 MEADOWBROOK DR LEXINGTON, KY 40503		□ Dolete	11. TITLE NAME STREET ADDRESS CITY-ST-ZIP	V(100	additions/chan) Itnia W-E)s East Va Shwlle, T	merson liev Rd.	Ē.	Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP DUBNANSKY, DOROTHY 6277 IVANHOE LANE BEAUMONT, TX 77706		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-2IP	Mar 775	tha Johns Guifshore O Stin, FL	ton # 200] Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DST WRIGHT, HAROLD 6384 FOUNTAINS BLVD WEST CHESTER, OH 450	069	Ociate	NAME STREET ADDRESS CITY-ST-ZIP) Change	☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Delete	TITLE NAME STREET ADDRESS CITY+S1-ZIP					Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP] Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP			Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			**		Change	Addition
indicated of the cor	certify that the information suppl I on this report or supplemental reporation or the receiver or truste , or on an attachment with an ac	report is true and se empowered to	d accurate and that be execute this repo	t my signature shall irt as required by Ch	have the	same legal effect a	as if made under o	ath: that I am	an officer	or director