



2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 17, 2006 8:00 am
Secretary of State

03-17-2006 90132 001 ****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			Mailing Address 12273 HWY 98 SUITE 208 DESTIN, FL 32550 US		
2. Principal Place of Business 12273 U.S. HWY 98		3. Mailing Address			
Suite, Apt. #, etc. 208		Suite, Apt. #, etc.		01092006 Chg-NP CR2E037 (11/05)	
City & State		City & State		4. FEI Number 59-3070750	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent SCOTT, WALTER D 12273 HWY 98 SUITE 208 DESTIN, FL 32550				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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
Filing Fee is \$61.25 Due by May 1, 2006		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$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	DV MEILCAREK, GARY 852 MEADOWBROOK DRIVE LEXINGTON, KY 40503	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	P Jerome D'eramo 3821 Bayberry Trail Marietta, GA 30062
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP DUBNANSKY, DOROTHY 6277 IVANHOE LANE BEAUMONT, TX 77706	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	DST Dorothy Dubnansky 82 Vantage Point Miramar Beach, FL 32550
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DST WRIGHT, HAROLD 6384 FOUNTAINS BLVD WEST CHESTER, OH 45069	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	V Harold Wright 6384 Fountains Blvd West Chester, OH 45069
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D EMERSON, VIRGINIA W 6305 E VALLEY RD NASHVILLE, TN 37205	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Gary Meilcarek 852 Meadowbrook Drive Lexington, KY 40503
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D JOHNSTON, MARTHA 775 GULF SHORE DR #2065 DESTIN, FL 32541	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<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: <u>Dorothy Dubnansky</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					
<small>Date Daytime Phone #</small>					