2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

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

DOCUMENT # N43249 1. Entity Name THE VILLAS AT VANTAGE POINTE HOMEOWNERS ASSOCIATION, INC.					03-17-2006 90132 001 ****61.25				
Principal Plac 215 GRAND DESTIN, FL	BLVD	Mailing Address 12273 HWY 98 SUITE 208 DESTIN, FL 32550	US		1 10 5 11 12 5 11 6 12 5) 316 11 31311 616 11 1		
2. Principal Place of Business 12213 U.S. HWY 98		3. Mailing Address						1 	
Suite, Apt. #, etc 2 0 8		Suite, Apt. #, etc.				hg-NP	CR2E037	· · · · · ·	· · · · · · · · · · · · · · · · · · ·
City & State		City & State		4. FEI Number 59-307075	50			plied For t Applicable	
Zip	Country	Zip	Cou	ıntry	5. Certificate of S	tatus Desired		8.75 Add ee Require	
	6. Name and Address of Current	Registered Agent			7. Name and Add	ress of New R	tegistered Ag	jent	
SCOTT, W				Name			<u>· ` </u>		ا بالمسيد
12273 HW SUITE 208 DESTIN, F	3	Street Address		(P.O. Box Number is	Not Acceptable	=) 			
DEOTIN, I	L 02000			City			FL	Zip Cod	э
8. The above named entity submits this statement for the purpose of changing its re				ed office or regist					
the obligat	tions of registered agent.								
CICNIATURE	and the second s								
SIGNATURE	Signature, typed or printed name of registered agent	and title if applicable /NC							
		and the mappingable. (NC	L: Hegistere	d Agent signature requir	ed when reinstating)		DATE		•
	Filling Fee Is \$61.25 Due by May 1, 2006	9. Election Co Trust Fund	ampaign F	inancing	\$5.00 May Be Added to Fees		lake check ida Departn		
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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date Daytime Phone #