

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 28, 2007 8:00 am
Secretary of State

02-28-2007 90003 046 ****61.25

DOCUMENT # N43249

1. Entity Name
**THE VILLAS AT VANTAGE POINTE HOMEOWNERS
ASSOCIATION, INC.**



Principal Place of Business
**12273 US HWY 98
SUITE 208
DESTIN, FL 32550 US**

Mailing Address
**12273 HWY 98
SUITE 208
DESTIN, FL 32550 US**

40023000



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

01092007 Chg-NP CR2E037 (12/06)

City & State

City & State

4. FEI Number
59-3070750

Applied For
Not Applicable

Zip

Country

Zip

Country

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**Jim Starnes
12273 HWY 98
SUITE 208
DESTIN, FL 32550**

Name **Jim Starnes**

Street Address (P.O. Box Number is Not Accepted) **12273 U.S. HWY 98, Suite 208**

City **Destin**

FL Zip Code **32550**

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

[Signature]

[Signature]

2-22-07

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25
Due by May 1, 2007**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$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 **DV** ☒ Delete
NAME **MEILCAREK, GARY**
STREET ADDRESS **852 MEADOWBROOK DRIVE**
CITY-ST-ZIP **LEXINGTON, KY 40503**

TITLE **D** ☒ Change ☐ Addition
NAME **Gary Mielcarek**
STREET ADDRESS **852 Meadowbrook Dr.**
CITY-ST-ZIP **Lexington, KY 40503**

TITLE **DST** ☒ Delete
NAME **DUBNANSKY, DOROTHY**
STREET ADDRESS **82 VANTAGE POINT**
CITY-ST-ZIP **MIRAMAR BEACH, FL 32550**

TITLE **ST** ☐ Change ☒ Addition
NAME **Randy Scoggins**
STREET ADDRESS **5207 Monkhouse Dr.**
CITY-ST-ZIP **Shreveport, LA 71109**

TITLE **V** ☐ Delete
NAME **WRIGHT, HAROLD**
STREET ADDRESS **6384 FOUNTAINS BLVD**
CITY-ST-ZIP **WEST CHESTER, OH 45069**

TITLE **D** ☐ Change ☒ Addition
NAME **Virginia Emerson**
STREET ADDRESS **320 Old Hickory Blvd. #3001**
CITY-ST-ZIP **Nashville, TN 37221**

TITLE **D** ☒ Delete
NAME **MIELCAREK, GARY**
STREET ADDRESS **852 MEADOWBROOK AVE**
CITY-ST-ZIP **LEXINGTON, KY 40503**

TITLE **P** ☐ Change ☐ Addition
NAME **D'ERAMO, JEROME**
STREET ADDRESS **3821 BAYSFERRY TR**
CITY-ST-ZIP **MARIETTA, GA 30062**

TITLE **P** ☐ Delete
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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]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #