

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 23, 2007 8:00 am
Secretary of State

04-23-2007 90065 046 ****70.00

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1. Entity Name
VANTAGE POINTE HOMEOWNER'S ASSOCIATION, INC.



Principal Place of Business
**1325 POINTE EAST
SEBRING, FL 33872 US**

Mailing Address
**1325 POINTE EAST
SEBRING, FL 33872 US**



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

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

03032007 Chg-NP CR2E037 (12/06)

City & State

City & State

4. FEI Number
59-3180914

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

**LANGLAND, MIKE
1224 POINTE EAST
SEBRING, FL 33872**

Name **KELLY, ERNEST**

Street Address (P.O. Box Number is Not Acceptable)

3219 POINTE WEST

City **SEBRING**

FL Zip Code **33872**

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 **Ernest Kelly** **ERNEST KELLY PD**

4/16/07

Signature, typed or printed name of registered agent and fee, 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 **PD** ☒ Delete
NAME **DEWEY, DONALD**
STREET ADDRESS **2120 VANTAGE TRACE**
CITY-ST-ZIP **SEBRING, FL 33872**

TITLE **PD** ☐ Change ☒ Addition
NAME **KELLY, ERNEST**
STREET ADDRESS **3219 POINTE WEST**
CITY-ST-ZIP **SEBRING, FL 33872**

TITLE **SD** ☒ Delete
NAME **STANYER, NANCY**
STREET ADDRESS **3123 POINTE WEST**
CITY-ST-ZIP **SEBRING, FL 33872**

TITLE **SD** ☐ Change ☒ Addition
NAME **FULLER, SONIA**
STREET ADDRESS **2117 VANTAGE TRACE**
CITY-ST-ZIP **SEBRING, FL 33872**

TITLE **TD** ☒ Delete
NAME **GREASER, ELMINE**
STREET ADDRESS **1300 POINT EAST**
CITY-ST-ZIP **SEBRING, FL 33872**

TITLE **TD** ☐ Change ☒ Addition
NAME **GOODE, FLORENCE**
STREET ADDRESS **2214 VANTAGE TRACE**
CITY-ST-ZIP **SEBRING, FL 33872**

TITLE **VD** ☒ Delete
NAME **LANGLAND, MIKE**
STREET ADDRESS **1224 POINTE EAST**
CITY-ST-ZIP **SEBRING, FL 33872**

TITLE **VD** ☒ Change ☐ Addition
NAME **BECKER, WALTER**
STREET ADDRESS **1117 POINTE EAST**
CITY-ST-ZIP **SEBRING, FL 33872**

TITLE **D** ☐ Delete
NAME **SECKER, WALTER**
STREET ADDRESS **1117 POINTE EAST**
CITY-ST-ZIP **SEBRING, FL 33872**

TITLE **D** ☐ Change ☒ Addition
NAME **BAGGERLY, DUANE**
STREET ADDRESS **4433 VANTAGE CIRCLE**
CITY-ST-ZIP **SEBRING, FL 33872**

TITLE **D** ☐ Delete
NAME **HULL, DON**
STREET ADDRESS **3300 POINTE WEST**
CITY-ST-ZIP **SEBRING, FL 33872**

TITLE **D** ☐ Change ☒ Addition
NAME **PINSONNEAULT, RON**
STREET ADDRESS **1106 POINTE EAST**
CITY-ST-ZIP **SEBRING, FL 33872**

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: **Ernest Kelly** **ERNEST KELLY, PD** **4/16/07** **863-471-0249**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #