


FILED
Apr 09, 2008 8:00 am
Secretary of State

04-09-2008 90018 023 ****70.00

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DOCUMENT # N92000000788					
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.		
City & State			City & State		
Zip	Country	Zip	Country	4. FEI Number 59-3180914	
				Applied For Not Applicable	
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required				02212008 Chg-NP CR2E037 (12/06)	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
KELLY, ERNEST 3219 POINTE WEST SEBRING, FL 33872				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 <i>Ernest Kelly</i>		ERNEST KELLY		2/22/08	
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, 2008		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	PD	<input type="checkbox"/> Delete		TITLE	VD
NAME	KELLY, ERNEST			NAME	RICHARD VANDERLAAN
STREET ADDRESS	3219 POINTE WEST			STREET ADDRESS	3302 POINTE WEST
CITY-ST-ZIP	SEBRING, FL 33872			CITY-ST-ZIP	SEBRING, FL 33872
TITLE	SD	<input type="checkbox"/> Delete		TITLE	D
NAME	FULLER, SONIA			NAME	GLENN MYERS
STREET ADDRESS	2117 VANTAGE TRACE			STREET ADDRESS	4527 VANTAGE CIRCLE
CITY-ST-ZIP	SEBRING, FL 33872			CITY-ST-ZIP	SEBRING, FL 33872
TITLE	TD	<input type="checkbox"/> Delete		TITLE	D
NAME	GOODE, FLORENCE			NAME	DUANE BAGGERLY
STREET ADDRESS	2214 VANTAGE TRACE			STREET ADDRESS	4433 VANTAGE CIRCLE
CITY-ST-ZIP	SEBRING, FL 33872			CITY-ST-ZIP	SEBRING, FL 33872
TITLE	VD	<input checked="" type="checkbox"/> Delete		TITLE	
NAME	BECKER, WALTER			NAME	
STREET ADDRESS	1117 POINTE EAST			STREET ADDRESS	
CITY-ST-ZIP	SEBRING, FL 33872			CITY-ST-ZIP	
TITLE	D	<input checked="" type="checkbox"/> Delete		TITLE	
NAME	SECKER, WALTER			NAME	
STREET ADDRESS	1117 POINTE EAST			STREET ADDRESS	
CITY-ST-ZIP	SEBRING, FL 33872			CITY-ST-ZIP	
TITLE	D	<input type="checkbox"/> Delete		TITLE	
NAME	HULL, DON			NAME	
STREET ADDRESS	3300 POINTE WEST			STREET ADDRESS	
CITY-ST-ZIP	SEBRING, FL 33872			CITY-ST-ZIP	
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: <i>Ernest Kelly</i>		ERNEST KELLY		2/22/08 863-471-224	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR				Date Daytime Phone #	