

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N92000000788

FILED
Mar 06, 2009
Secretary of State

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

Current Principal Place of Business:

1325 POINTE EAST
SEBRING, FL 33872 US

New Principal Place of Business:

Current Mailing Address:

1325 POINTE EAST
SEBRING, FL 33872 US

New Mailing Address:

FEI Number: 59-3180914

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

KELLY, ERNEST
3219 POINTE WEST
SEBRING, FL 33872 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: KELLY, ERNEST
Address: 3219 POINTE WEST
City-St-Zip: SEBRING, FL 33872

Title: SD () Delete
Name: FULLER, SONIA
Address: 2117 VANTAGE TRACE
City-St-Zip: SEBRING, FL 33872

Title: TD () Delete
Name: GOODE, FLORENCE
Address: 2214 VANTAGE TRACE
City-St-Zip: SEBRING, FL 33872

Title: VD () Delete
Name: VANDERLAAN, RICHARD
Address: 3302 POINTE WEST
City-St-Zip: SEBRING, FL 33872

Title: D () Delete
Name: MYERS, GLENN
Address: 4527 VANTAGE CIRCLE
City-St-Zip: SEBRING, FL 33872

Title: D () Delete
Name: HULL, DON
Address: 3300 POINTE WEST
City-St-Zip: SEBRING, FL 33872

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: D (X) Change () Addition
Name: DEWEY, DONALD
Address: 2120 VANTAGE TRACE
City-St-Zip: SEBRING, FL 33872

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ERNEST KELLY

PD

03/06/2009

Electronic Signature of Signing Officer or Director

Date