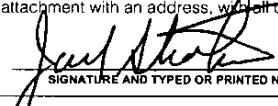


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 01, 2006 8:00 am
Secretary of State

05-01-2006 90367 017 ****61.25

DOCUMENT # N94000003384 1. Entity Name VINTAGE BAY CONDOMINIUM ASSOCIATION, INC.			
Principal Place of Business 133 VINTAGE BAY DRIVE MARCO ISLAND, FL 34145 US		Mailing Address PO BOX 1727 MARCO ISLAND, FL 34146 US	
2. Principal Place of Business Suite, Apt. #, etc. City & State Zip Country		3. Mailing Address 1700 Winkler Rd Suite, Apt. #, etc. #2 City & State FL Myers, FL Zip Country 33919 US	
4. FEI Number 65-0551458		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent GARBINSKI, DANIEL L. 1122 N. COLLIER BLVD. MARCO ISLAND, FL 34145		7. Name and Address of New Registered Agent Name Alliant Property Mgmt Street Address (P.O. Box Number is Not Acceptable) same as above 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  Jack Strohm DATE 4.26.06 <small>Signature typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating.)</small>			
Filing Fee is \$61.25 Due by May 1, 2006		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 NAME STREET ADDRESS CITY-ST-ZIP	T DELVECCHIO, RUTH 269 VINTAGE BAY, # 7 MARCO ISLAND, FL 34145	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVP BARON, AVI 800 HARBOUR DRIVE #3 NAPLES, FL 34103	<input checked="" type="checkbox"/> Delete	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P PATTISON, DAVE 133 VINTAGE BAY DRIVE #A-30 MARCO ISLAND, FL 34145	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS DEROSA, JOHN 269 VINTAGE BAY DRIVE #C-05 MARCO ISLAND, FL 34145	<input type="checkbox"/> Delete	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Otmar Pfeifer 201 Vintage Bay Dr #17 marco Island, FL 34145	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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 or without other like empowered.			
SIGNATURE:  Jack Strohm		Date 4.26.06 Daytime Phone # 239/454-1101	