

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 03, 2007 8:00 am**  
**Secretary of State**

05-03-2007 90041 041 \*\*\*\*61.25

<b>DOCUMENT # N94000003384</b> 1. Entity Name <b>VINTAGE BAY CONDOMINIUM ASSOCIATION, INC.</b>			
Principal Place of Business <b>133 VINTAGE BAY DRIVE</b> <b>MARCO ISLAND, FL 34145 US</b>		Mailing Address <b>6700 WINKLER RD</b> <b>SUITE 2</b> <b>FORT MYERS, FL 33919 US</b>	
2. Principal Place of Business - No P.O. Box # _____		3. Mailing Address _____	
Suite, Apt. #, etc. <b>Alliant Property Management, LLC</b>		<b>04192007 Chg-NP CR2E037 (12/06)</b>	
City & State <b>6719 Winkler Road Suite 200</b> <b>Fort Myers, FL 33919</b>		4. FEI Number <b>65-0551458</b>	
Zip <b>Fort Myers, FL 33919</b>		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent			
<b>ALLIANT PROPERTY MGMT</b> <b>6700 WINKLER RD</b> <b>SUITE 2</b> <b>FORT MYERS, FL 33919</b>		Name <b>Alliant Property Management, LLC</b> Street Address <b>6719 Winkler Road Suite 200</b> City <b>Fort Myers, FL 33919</b>	
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 <small>Signature, typed or printed name of registered agent and title if applicable.</small>		<b>Millie Strohm, Agent</b> <span style="float: right;"><b>4-25-07</b></span> <small>(NOTE: Registered Agent signature required when reinstating) DATE</small>	
<b>Filing Fee is \$61.25</b> <b>Due by May 1, 2007</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
<b>Make check payable to Florida Department of State</b>			
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE <b>T</b> NAME <b>DELVECCHIO, RUTH</b> STREET ADDRESS <b>269 VINTAGE BAY, # 7</b> CITY-ST-ZIP <b>MARCO ISLAND, FL 34145</b>	<input checked="" type="checkbox"/> Delete	TITLE <b>VP</b> NAME <b>Kittle, Bruce</b> STREET ADDRESS <b>269 Vintage Bay #27</b> CITY-ST-ZIP <b>MARCO ISLAND, FL 34145</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE <b>S</b> NAME <b>MYSLIVEC, ROBERT</b> STREET ADDRESS <b>269 VINTAGE BAY DR SUITE 21</b> CITY-ST-ZIP <b>MARCO ISLAND, FL 34145</b>	<input checked="" type="checkbox"/> Delete	TITLE <b>SD</b> NAME <b>S Stolikar, Dale</b> STREET ADDRESS <b>337 Vintage Bay Dr D-4</b> CITY-ST-ZIP <b>Marco Island, FL 34145</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE <b>P</b> NAME <b>PATTISON, DAVE</b> STREET ADDRESS <b>133 VINTAGE BAY DRIVE #A-30</b> CITY-ST-ZIP <b>MARCO ISLAND, FL 34145</b>	<input checked="" type="checkbox"/> Delete	TITLE <b>TD</b> NAME <b>Ellis, Vivren</b> STREET ADDRESS <b>337 Vintage Bay Dr. D28</b> CITY-ST-ZIP <b>Marco Island, FL 34145</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE <b>VP</b> NAME <b>DEROSA, JOHN</b> STREET ADDRESS <b>269 VINTAGE BAY DRIVE #C-05</b> CITY-ST-ZIP <b>MARCO ISLAND, FL 34145</b>	<input type="checkbox"/> Delete	TITLE <b>PD</b> NAME <b>DeRosa, John</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE <b>D</b> NAME <b>PFEIFER, OTMAR</b> STREET ADDRESS <b>201 VINTAGE BAY DR SUITE 17</b> CITY-ST-ZIP <b>MARCO ISLAND, FL 34145</b>	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE <b></b> NAME <b></b> STREET ADDRESS <b></b> CITY-ST-ZIP <b></b>	<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 all other like empowered.			
SIGNATURE: <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<b>John Spring</b> <span style="float: right;"><b>4-25-07</b></span> <small>Date</small>	
		<b>239</b> <b>454-1101</b> <small>Daytime Phone #</small>	