



2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 02, 2007 8:00 am
Secretary of State

05-02-2007 90101 006 ****61.25

DOCUMENT # N97000004666 1. Entity Name VINTAGE CONDOMINIUM ASSOCIATION, INC.					
Principal Place of Business 2685 HORSESHOE DR. S #215 NAPLES, FL 34104			Mailing Address C/O RESORT MANAGEMENT 2685 HORSESHOE DR. S #215 NAPLES, FL 34104		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address		<div style="font-size: 24px; font-weight: bold; margin-bottom: 10px;">40101221</div>  <div style="display: flex; justify-content: space-between; font-size: 10px;"> 03162007 Chg-NP CR2E037 (12/06) </div>	
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip		Zip			
4. FEI Number 59-3464047				Applied For <input checked="" 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 KUTLER, STEPHEN 673 VINTAGE RESERVE CIR #11C NAPLES, FL 34119				7. Name and Address of New Registered Agent Name FREDERICK MINTER # Street Address (P.O. Box Number is Not Acceptable) 646 VINTAGE RESERVE CIRCLE 4A City NAPLES FL Zip Code 34119	
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 <u>E. Frederick Minter</u> E. FREDERICK MINTER PRESIDENT 4/25/07 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
Filing Fee is \$61.25 Due by May 1, 2007		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 P NAME KUTLER, STEPHEN C STREET ADDRESS 673 VINTAGE RESERVE CIR. #11-C CITY-ST-ZIP NAPLES, FL 34119	<input checked="" type="checkbox"/> Delete		TITLE S NAME ROBERT COX STREET ADDRESS 669 VINTAGE RESERVE CIRCLE 10C CITY-ST-ZIP NAPLES, FL 34119	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE T NAME MINTER, FREDERICK STREET ADDRESS 646 VINTAGE RESERVE CIR #4A CITY-ST-ZIP NAPLES, FL 34119	<input type="checkbox"/> Delete		TITLE P NAME Minter, Frederick STREET ADDRESS 646 VINTAGE RESERVE CIRCLE #4A CITY-ST-ZIP NAPLES, FL 34119	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE S NAME MURDICK, ROBERT STREET ADDRESS 604 VINTAGE RESERVE LN #23C CITY-ST-ZIP NAPLES, FL 34119	<input checked="" type="checkbox"/> Delete		TITLE VP NAME vaughan, Betty STREET ADDRESS 607 VINTAGE RESERVE CIR #17B CITY-ST-ZIP NAPLES, FL 34119	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE VP NAME SCHMIDT, ROBERT STREET ADDRESS 677 VINTAGE RESERVE CIR. #120 CITY-ST-ZIP NAPLES, FL 34119	<input type="checkbox"/> Delete		TITLE D NAME Schmidt, Robert STREET ADDRESS 677 VINTAGE RESERVE CIR #120 CITY-ST-ZIP NAPLES, FL 34119	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE D NAME ELLEN, MICHAEL STREET ADDRESS 689 VINTAGE RESERVE CIR #15-D CITY-ST-ZIP NAPLES, FL 34119	<input checked="" type="checkbox"/> Delete		TITLE T NAME Reilly Daniel STREET ADDRESS 608 VINTAGE RESERVE LANE #24A CITY-ST-ZIP NAPLES, FL 34119	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<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: <u>E. Frederick Minter</u> 4/25/07 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small> E. FREDERICK MINTER, PRESIDENT					