

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N97000004666

FILED
Apr 15, 2009
Secretary of State

Entity Name: VINTAGE CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business:

2685 HORSESHOE DR. S #215
NAPLES, FL 34104

New Principal Place of Business:

Current Mailing Address:

C/O RESORT MANAGEMENT
2685 HORSESHOE DR. S #215
NAPLES, FL 34104

New Mailing Address:

FEI Number: 59-3464047

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MINTER, FREDERICK
646 VINTAGE RESERVE CIRCLE, #4A
NAPLES, FL 34119 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: S () Delete
Name: COX, ROBERT
Address: 669 VINTAGE RESERVE CIRCLE #10C
City-St-Zip: NAPLES, FL 34119

Title: P () Delete
Name: MINTER, FREDERICK
Address: 646 VINTAGE RESERVE CIR #4A
City-St-Zip: NAPLES, FL 34119

Title: VP () Delete
Name: VAUGHAN, BETTY
Address: 697 VINTAGE RESERVE CIR. #17B
City-St-Zip: NAPLES, FL 34119

Title: D () Delete
Name: WEISS, STEPHEN
Address: 554 VINTAGE RESERVE LANE 18B
City-St-Zip: NAPLES, FL 34119

Title: T () Delete
Name: REILLY, DANIEL
Address: 608 VINTAGE RESERVE LANE #24A
City-St-Zip: NAPLES, FL 34119

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: D (X) Change () Addition
Name: SCHMIDT, ROBERT
Address: 667 VINTAGE RESERVE CIR # 12D
City-St-Zip: NAPLES, FL 34119

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

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: FREDERICK MINTER

P

04/15/2009

Electronic Signature of Signing Officer or Director

Date