

**SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1995.  
AMOUNT DUE ON OR BEFORE 8/9/95: \$155 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$305)**

**NONPROFIT CORPORATION ANNUAL REPORT 1995**



FLORIDA DEPARTMENT OF STATE  
Sandra B. Morham  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED**  
**SECRETARY OF STATE**  
**DIVISION OF CORPORATIONS**  
**95 JUN 29 AM 8:15**

**DOCUMENT # 765244 (9)**  
1. Corporation Name  
**VINEYARD OF TAMPA CONDOMINIUM ASSOCIATION, INC.**

Principal Place of Business Mailing Address  
INC. INC.  
4611 NORTH "B" ST. 4611 NORTH "B" ST.  
TAMPA FL 33609 TAMPA FL 33609

DO NOT WRITE IN THIS SPACE

5. Date Incorporated or Qualified 3a. Date of Last Report  
**09/30/1982 05/31/1994**  
4. FEI Number Applied For  
**59-2407556** Not Applicable  
5. Certificate of Status Desired  \$8.75 Additional Fee Required  
6. Election Campaign Financing Trust Fund Contribution  \$5.00 May Be Added to Fees  
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status  **FILING FEE IS \$61.25**  
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes  Yes  No

2. Principal Place of Business 2a. Mailing Address  
21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.  
22 City & State 27 City & State  
23 Zip Country 29 Zip Country  
24 25 29 30

9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent  
SNYDER, DAVID L.  
4616 FIG STREET  
TAMPA FL 33609  
81 Name  
82 Street Address (P.O. Box Number is Not Acceptable)  
83  
84 City FL 85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reappointing)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	11 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SNYDER, DAVID L.	12 NAME	
STREET ADDRESS	4616 FIG ST.	13 STREET ADDRESS	
CITY - ST - ZIP	TAMPA FL	14 CITY - ST - ZIP	
TITLE	SD	21 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SNYDER, MARIANNE	22 NAME	
STREET ADDRESS	4616 FIG ST.	23 STREET ADDRESS	
CITY - ST - ZIP	TAMPA FL	24 CITY - ST - ZIP	
TITLE	VD	31 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GANG, NENA	32 NAME	
STREET ADDRESS	4609 NORTH "B" STREET	33 STREET ADDRESS	
CITY - ST - ZIP	TAMPA FL	34 CITY - ST - ZIP	
TITLE	DT	41 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KEENAN, FRANK	42 NAME	D
STREET ADDRESS	4609 NORTH "B" ST.	43 STREET ADDRESS	DARLEY, MARION
CITY - ST - ZIP	TAMPA FL	44 CITY - ST - ZIP	4609 North "B" ST. TAMPA, FL
TITLE	D	51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BIRD, DANNY L.	52 NAME	
STREET ADDRESS	923 HOLLY SHORE DR	53 STREET ADDRESS	
CITY - ST - ZIP	LUTZ FL	54 CITY - ST - ZIP	
TITLE		61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY - ST - ZIP		64 CITY - ST - ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption provided in Section 110.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: \_\_\_\_\_ DATE: **6-8-95** **287-0239**  
SIGNATURE ACCEPTED OR PRINTED NAME OF CHIEF OFFICER OR DIRECTOR (Date) (Signature if true)

CR2E037 (3/95)