

**FILE NOW: FILING FEE IS \$61.25**

NONPROFIT CORPORATION ANNUAL REPORT 1996



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

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

3. Date Incorporated or Qualified **09/30/1982** 3a. Date of Last Report **06/29/1995**

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip Country	4. FEI Number <b>59-2407556</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75 Additional Fee Required</b>	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No			

**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	<b>FL</b>
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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

**12. OFFICERS AND DIRECTORS**

**13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12**

TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	11 TITLE	12 NAME	13 STREET ADDRESS	14 CITY - ST - ZIP
PD	SNYDER, DAVID L.	4616 FIG ST.	TAMPA FL	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
SD	SNYDER, MARIANNE	4616 FIG ST.	TAMPA FL	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	D	Adel ASSILY	4611 North "B" St. TAMPA, FL 33609
VD	GANG, NENA	4609 NORTH "B" STREET	TAMPA FL	<input type="checkbox"/> Change <input type="checkbox"/> Addition	SD		
D	DARLEY, MARION	4609 N B ST	TAMPA FL	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
D	BIRD, DANNY L	923 HOLLY SHORE DR	LUTZ FL	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	D	HERB CRITTEND	4609 NORTH "B" ST. TAMPA, FL
				<input type="checkbox"/> Change <input type="checkbox"/> Addition			

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(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: David L. Snyder 3/5/96 Date (913) 287-0239 Daytime Phone #  
DAVID L. SNYDER President

CR2E037 (12/95)