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NONPROFIT CORPORATION **ANNUAL REPORT** 

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State **DIVISION OF CORPORATIONS** 

DOCUMENT #

(9)

VINEYARD OF TAMPA CONDOMINIUM ASSOCIATION, INC.

## **FILED** Feb 26 1998 8:00am Secretary of State

Meling Address Note							
### 4611 ADRITH "S" ST.  ### AF L 39809  ### TAMPA FL 39809  ### TAMPA FL 39809  ### APPLIED BY TAMPA FL 39809  ### APPLIED	Principal Place of Business Malling Address					I TÜBİRI TÜBEN ÖLERI ÖYİLÜ YÜBİL BIBIL BIBIL OLUK OLUK OLUK BIBIL OLUK BIRIL OLUK BIRIL INDEL	
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## FENIOR   Applied For   Applied For   Applied For   Sol-24075556   Not Applicable For   Sol-24075556   Not Applicable For   Sol-24075556   Not Applicable For   Sol-24075556   Not Applicable For   Sol-24075556   Not Applicable For   Sol-24075556   Not Applicable For   Sol-2407556   Not Applicable For   Not A	4811 NORTH "B" ST. 4811 NORTH "B" ST						
Principal Place of Business   2a. Mailing Address   2b. Suite, Apt. #, etc.   2b. Suite, Apt. #, etc.   Suit	TAMPA FL 33609 TAMPA FL 33609						
Principal Place of Business   2a. Mailing Address   2b. Suite, Apt. #, etc.   2b. Suite, Apt. #, etc.   Suit						<b>59-2407556</b> Not Applicable	
Sulfe, Apt. #, etc.   Sulfe, Apt. #, etc.	2. Principal Place of Business 2s. Mailing Address					C	
Trust Fund Contribution   Added to Fees	21			<u>-</u>		Fee Required	
City & State    City & State   City & State   City & State   T. Is this nonprofit corporation a homeowners association?   Yes   No   No   Yes   No   No   Yes   No   No   Name and Address of Current Registered Agent   TAMPA FL   Tampa		#, etc.		¬ ' ' '			
28				<u> </u>			
Zip Country Zip Country 8. This corporation owes or has paid the current year Intangible Page 1	<del> </del>		<b>—</b>	¬ '			
S. Name and Address of Current Registered Agent  SNYDER, DAVID L.  4016 FIG STREET TAMPA FL 33609  80 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 process of changing its 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 familier with, and accept the obligations of, Section 617.0503, Florida Statutes.  SIGNATURE  SIGNATURE  OFFICERS AND DIRECTORS  12.  OFFICERS AND DIRECTORS  13.  ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  TITLE  NYDER, DAVID L.  12 NAME  SNYDER, DAVID L.  12 NAME  SNYDER, DAVID L.  12 NAME  SNYDER, DAVID L.  13 SIRRET ADDRESS  CITY-ST-ZIP  TAMPA FL  OFFICERS AND DIRECTORS  13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  Change Addition  Addition  ASSILY, ADEL  SIRRET ADDRESS  CITY-ST-ZIP  TITLE  SD  DELETE  3.1 TITLE  Change Addition  Addition  ASSILY, ADEL  GANIG, NENA  3.2 NAME  SIRRET ADDRESS  CITY-ST-ZIP  TAMPA FL  3.3 SIRRET ADDRESS  CITY-ST-ZIP  TAMPA FL  3.3 SIRRET ADDRESS  CITY-ST-ZIP  TAMPA FL  3.3 SIRRET ADDRESS  CITY-ST-ZIP  TAMPA FL  3.3 SIRRET ADDRESS  CITY-ST-ZIP  TAMPA FL  3.3 SIRRET ADDRESS  CITY-ST-ZIP  TAMPA FL  3.3 SIRRET ADDRESS  CITY-ST-ZIP  TAMPA FL  3.3 SIRRET ADDRESS  CITY-ST-ZIP  TAMPA FL  3.4 CITY-ST-ZIP  TAMPA FL  3.5 SIRRET ADDRESS  CITY-ST-ZIP  TAMPA FL  3.5 SIRRET ADDRESS  CITY-ST-ZIP  TAMPA FL  3.4 SIRRET ADDRESS  CITY-ST-ZIP  TAMPA FL  3.4 SIRRET ADDRESS  CITY-ST-ZIP  TAMPA FL  3.4 SIRRET ADDRESS  400 N DRITH 'B' ST REEET  TAMPA FL  3.4 SIRRET ADDRESS  400 N DRITH 'B' ST REEET  TAMPA FL  3.4 SIRRET ADDRESS  400 N DRITH 'B' ST REEET  4.4 SIRRET ADDRESS  400 N DRITH 'B' ST REEET  4.4 SIRRET ADDRESS  400 N DRITH 'B' ST REEET  4.4 SIRRET ADDRESS  400 N DRITH 'B' ST REEET  4.5 SIRRET ADDRESS  400 N DRITH 'B' ST REEET  4.5 SIRRET ADDRESS  400 N DRITH 'B' ST REEET  4.5 SIRRET ADDRESS  400 N DRITH 'B' ST REEET  4				try	8. This corporation owes or has paid the current year Intangible		
SNYDER, DAVID L. 4616 FIG STREET TAMPA FL 33609  82  Street Address (P.O. Box Number is Not Acceptable)  83  84  City  FL  85  EVENT 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 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, are the provision of Section 617 0502 and 617 1508, Florida Statutes, the above-named corporation's board of directors. I hereby accept the appointment as registered by the corporation's board of directors. I hereby accept the appointment as registered significant with, and both provision agent and this representation.  SIGNATURE  12. OFFICERS AND DIRECTORS  13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  TITLE  PD  DELETE  1.1 TITLE  PD  DELETE  1.1 TITLE  D  DELETE  1.1 TITLE  D  DELETE  2.1 TITLE  D  DELETE  2.2 NAME  SIREET ADDRESS  CITY-ST-ZIP  TITLE  SO  DELETE  3.1 TITLE  STREET ADDRESS  CITY-ST-ZIP  TITLE  SO  DELETE  3.1 TITLE  STREET ADDRESS  CITY-ST-ZIP  TAMPA FL  STREET ADDRESS  CITY-ST-ZIP  TAMPA FL  STREET ADDRESS  CITY-ST-ZIP  TAMPA FL  STREET ADDRESS  STREET ADDRESS  CITY-ST-ZIP  TAMPA FL  STREET ADDRESS  STREET	24			30			
SNYDER, DAVID L.  4816 FIG STREET TAMPA FL 33609  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 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, and accept the obligations of, Section 617.0503, Florida Statutes.  SIGNATURE  Signature, typed or princed name of registered agent and site if applicable.  (NOTE: Registered Agent algorature required when rehabiting)  DATE  12. OFFICERS AND DIRECTORS  13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  TITLE  PD  DELETE  1.1 TITLE  SIGNATURE  SNYDER, DAVID L.  1.2 NAME  SIRET ADDRESS  4816 FIG ST.  TAMPA FL  1.4 CITY-ST-ZIP  TITLE  D  DELETE  2.1 TITLE  Change  Addition  MAKE  ASSILY, ADEL  4811 NORTH 'B' ST  2.3 SIRET ADDRESS  TAMPA FL  2.2 ACITY-ST-ZIP  TITLE  SD  DELETE  3.3 SIRET ADDRESS  TAMPA FL  2.4 CITY-ST-ZIP  TITLE  SD  DELETE  3.3 SIRET ADDRESS  TAMPA FL  3.3 SIRET ADDRESS  TAMPA FL  3.3 SIRET ADDRESS  TAMPA FL  3.3 SIRET ADDRESS  TAMPA FL  3.3 SIRET ADDRESS  TAMPA FL  3.3 SIRET ADDRESS  TAMPA FL  3.3 SIRET ADDRESS  TAMPA FL  3.3 SIRET ADDRESS  TAMPA FL  3.3 SIRET ADDRESS  TAMPA FL  3.3 SIRET ADDRESS  TAMPA FL  3.3 SIRET ADDRESS  TAMPA FL  3.3 SIRET ADDRESS  TAMPA FL  3.4 CITY-ST-ZIP  DELETE  3.3 SIRET ADDRESS  TAMPA FL  3.4 CITY-ST-ZIP  DELETE  4.1 TITLE  D  Change  Addition  NAME  DARLEY, MARION  4.2 NAME  STREET ADDRESS  409 N B ST  AND STREET ADDRESS  409 N B ST  AND STREET ADDRESS  409 N B ST  AND STREET ADDRESS  409 N B ST  AND STREET ADDRESS  409 N B ST  AND STREET ADDRESS  409 N B ST  AND STREET ADDRESS  409 N B ST  AND STREET ADDRESS  41 STREET ADDRESS  42 STREET ADDRESS  43 STREET ADDRESS  43 STREET ADDRESS  43 STREET ADDRESS	9. Name and Address of Current Registered Agent				<del> </del>	10. Name and Address of New Registered Agent	
4816 FIG STREET TAMPA FL 33609  83  84 City  FL 85 Zip Code  11. Pursuant to the provisions of Sections 617.0502 and 617.1508. Florida Statutes, the appropriate of 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, and the intervention of the pursuant of the provisions of Section 617.0503, Florida Statutes.  SIGNATURE  SIGNATURE  To Price 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 and time if aspicable.  PO				["	Name		
TAMPA FL 33609    City				Ī	Street Ad	dress (P.O. Box Number is Not Acceptable)	
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 agent, are 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, are familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.  SIGNATURE    Signature, typed or printed name of registered agent and title if applicable.   (NOTE: Registered Agent algoritar required when rehatising)   DATE				\ 	33		
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 lts 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, and tall an farmiliar with, and accept the obligations of, Section 617.0503, Florida Statutes.  SIGNATURE    Signature, typed or printed name of registered agent and title if applicable.	IAMPA F	-F 33008		L			
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 agent and scient the obligations of, Section 617.0503, Florida Statutes.  SIGNATURE  SIGNATURE  SIGNATURE  SIGNATURE  SIGNATURE  SIGNATURE  OFFICERS AND DIRECTORS  13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  TITLE  NAME  SNYDER, DAVID L.  4818 FIG ST.  TAMPA FL  1.3 SIREET ADDRESS  CITY-ST-ZIP  TITLE  ASSILY, ADEL  4811 NORTH 'B' ST  2.3 SIREET ADDRESS  CITY-ST-ZIP  TAMPA FL  1.4 CITY-ST-ZIP  TITLE  SO  DELETE  3.1 TITLE  Change  Addition  Addition  Addition  Addition  Addition  Addition  Addition  ASSILY, ADEL  4811 NORTH 'B' ST  2.3 SIREET ADDRESS  CITY-ST-ZIP  TAMPA FL  3.3 SIREET ADDRESS  CITY-ST-ZIP  TAMPA FL  3.4 CITY-ST-ZIP  TITLE  DARLEY, MARION  4.2 MAME  STREET ADDRESS  TAMPA FL  4.3 SIREET ADDRESS  4.3 SIREET ADDRESS  4.3 SIREET ADDRESS  4.3 SIREET ADDRESS  4.3 SIREET ADDRESS  4.3 SIREET ADDRESS  4.3 SIREET ADDRESS  4.4 SIREET ADDRESS  4.4 SIREET ADDRESS  ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  Change  Addition  Addition  Addition  Addition  Addition  Addition  Addition  Addition  Addition  Addition  Addition  Addition  Addition  Addition  ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  Addition  Addition  Addition  Addition  Addition  Addition  Addition  Addition  Addition  Addition  ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  Addition  Addition  Addition  Addition  Addition  Addition  Addition  Addition  Addition  Addition  ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  Addition  Addition  Addition  ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  Addition  Addition  Addition  ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  Addition  ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN				][	City	FL 65 Zip Code	
SIGNATURE   Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent algnature required when rehataling)	Ad Discount of the contract of Contract of						
SIGNATURE   Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent algnature required when rehataling)	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.						
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14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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.

2/19/98 813-286-0217