

FILE NOW: FILING FEE IS \$61.25

FILED
Feb 24, 1999 8:00 am
Secretary of State

02-24-1999 90063 014 ****61.25

005011

NONPROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 765244

1. Corporation Name
VINEYARD OF TAMPA CONDOMINIUM ASSOCIATION, INC.

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

Mailing Address
INC.
4611 NORTH "B" ST.
TAMPA FL 33609



2. Principal Place of Business

2a. Mailing Address

3. Date Incorporated or Qualified
09/30/1982

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

4. FEI Number
59-2407556

Applied For
Not Applicable

23 City & State

27 City & State

5. Certificate of Status Desired \$8.75 Additional Fee Required

24 Zip

25 Country

28 Zip

29 Country

6. Election Campaign Financing Trust Fund Contribution \$5.00 May Be Added to Fees

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
Allen Property Mgmt Services Inc
82 Street Address (P.O. Box Number is Not Acceptable)
106 Flagship Drive
83
84 City
Lutz FL
85 Zip Code
33549

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

[Signature]
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

1/29/99
DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PD DELETE
NAME SNYDER, DAVID L.
STREET ADDRESS 4616 FIG ST.
CITY-ST-ZIP TAMPA FL

1.1 TITLE Change Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

TITLE D DELETE
NAME ASSILY, ADEL
STREET ADDRESS 4611 NORTH 'B' ST
CITY-ST-ZIP TAMPA FL

2.1 TITLE D Change Addition
2.2 NAME MARIANNE Snyder
2.3 STREET ADDRESS 4616 Fig Street
2.4 CITY-ST-ZIP TAMPA FL 33609

TITLE SD DELETE
NAME GANG, NENA
STREET ADDRESS 4609 NORTH "B" STREET
CITY-ST-ZIP TAMPA FL

3.1 TITLE Change Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

TITLE D DELETE
NAME DARLEY, MARION
STREET ADDRESS 4609 N B ST
CITY-ST-ZIP TAMPA FL

4.1 TITLE Change Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

TITLE D DELETE
NAME GRITTHITHS, HERB
STREET ADDRESS 4609 NORTH 'B' ST
CITY-ST-ZIP TAMPA FL

5.1 TITLE D Change Addition
5.2 NAME Casey Ashworth
5.3 STREET ADDRESS 4607 N. B Street, # 105
5.4 CITY-ST-ZIP TAMPA FL 33609

TITLE DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

6.1 TITLE Change Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

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, with all other like empowered.

SIGNATURE:

[Signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-70-1499

Date

Daytime Phone #

CR2E037 (11/98)