

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 765244

FILED  
May 11, 2007  
Secretary of State

Entity Name: VINEYARD OF TAMPA CONDOMINIUM ASSOCIATION, INC.

**Current Principal Place of Business:**

4611 NORTH B STREET  
TAMPA, FL 33609

**New Principal Place of Business:**

**Current Mailing Address:**

4611 NORTH B ST.  
BOX 11  
TAMPA, FL 33609 US

**New Mailing Address:**

FEI Number: 59-2407556      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )  
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

**Name and Address of Current Registered Agent:**

DRABIK, MARGARET DRABIK  
4609 NORTH B ST.  
#210  
TAMPA, FL 33609 US

**Name and Address of New Registered Agent:**

HELBIG, DENISE  
14813 TURNER ROAD  
TAMPA, FL 33624 US

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: DENISE HELBIG

05/11/2007

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: PD ( ) Delete  
Name: MAYO, SANDRA  
Address: 4611 NORTH  
City-St-Zip: TAMPA, FL 33609

Title: VPD ( ) Delete  
Name: WARE, JERRY  
Address: 302 N. TRASK STEET, #202  
City-St-Zip: TAMPA, FL 33609

Title: TD ( ) Delete  
Name: SAMARDZIOSKA, BILJANA  
Address: 4614 WEST FIG STREET, #C  
City-St-Zip: TAMPA, FL 33609

Title: SEC ( ) Delete  
Name: HIGGINS, SHIRLEY  
Address: 4609 NORTH B ST. #212  
City-St-Zip: TAMPA, FL 33609

Title: D ( ) Delete  
Name: APPELL, JACKIE  
Address: 302 NORTH TRASK ST #103  
City-St-Zip: TAMPA, FL 33609

**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: ( ) 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: SANDRA MAYO

P

05/11/2007

Electronic Signature of Signing Officer or Director

Date