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NONPROFIT CORPORATION ANNUAL REPORT
1999

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

DOCUMENT # **N43614**

1. Corporation Name

GRAND PALM VILLAGE AT THE VINES CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business	Mailing Address
Pegasus Property Management 13400 S Cleveland Ave #203 Fort Myers, FL 33907	Pegasus Property Management 13400 S Cleveland Ave #203 Fort Myers, FL 33907

2. Principal Place of Business (21) — Suite, Apt. #, etc. (22) — City & State (23) — Zip (24) — Country (25)

2a. Mailing Address (26) — Suite, Apt. #, etc. (27) — City & State (28) — Zip (29) — Country (30)

3. Date Incorporated or Qualified: 05/22/1991

4. FEI Number: 65-0274562 ☐ Applied For ☐ 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

9. Name and Address of Current Registered Agent

STILPHEN, PETER
12661 NEW BRITTANY BVLD
9400 GLADIOLUS DR, #100
FT. MYERS FL 33908

10. Name and Address of New Registered Agent

81
82 BARBARA A. STILSON
83 C/O PEGASUS PROPERTY MGMT. INC.
13400 S. CLEVELAND AVE. # 203
84 FORT MYERS, FL 33907 — 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: Barbara A. Stilson — 4-22-99 DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD	☐ DELETE	1.1 TITLE		☐ Change ☐ Addition
NAME	VAN KLEECK, DONALD		1.2 NAME		
STREET ADDRESS	8281-2 GRAND PALM DR		1.3 STREET ADDRESS		
CITY-ST-ZIP	FT MYERS FL		1.4 CITY-ST-ZIP		
TITLE	STD	☐ DELETE	2.1 TITLE	D	☒ Change ☐ Addition
NAME	GUIDO, MARGARET		2.2 NAME		
STREET ADDRESS	8211-2 GRAND PALM DR		2.3 STREET ADDRESS		
CITY-ST-ZIP	FT MYERS FL		2.4 CITY-ST-ZIP		
TITLE	D	☐ DELETE	3.1 TITLE	VP D	☒ Change ☐ Addition
NAME	MOUNTCASTLE, DAVID		3.2 NAME		
STREET ADDRESS	8241 GRAND PALM DR, #2		3.3 STREET ADDRESS		
CITY-ST-ZIP	FT MYERS FL 33912		3.4 CITY-ST-ZIP		
TITLE	DVP	☒ DELETE	4.1 TITLE	TD	☐ Change ☒ Addition
NAME	COLLINS, ROBETT		4.2 NAME	MAE COLLINS	
STREET ADDRESS	8311-4 GRAND PALM DR		4.3 STREET ADDRESS	8331 GRAND PALM DRIVE, #1	
CITY-ST-ZIP	FT MYERS FL		4.4 CITY-ST-ZIP	FT. MYERS, FL 33912	
TITLE	D	☐ DELETE	5.1 TITLE	SD	☒ Change ☐ Addition
NAME	SCHWICHENBERG, JEN		5.2 NAME	JON SCHWICHTENBERG	
STREET ADDRESS	8281-4 GRAND PALM DR		5.3 STREET ADDRESS		
CITY-ST-ZIP	FT MYERS FL		5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			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: Donald Van Kleeck REQUIRED — 4/19/99 — 941-267-4775
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E037 (11/98)