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NONPROFIT CORPORATION ANNUAL REPORT
1999

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

DOCUMENT # **N45706**

1. Corporation Name

VALLEY OAK HOMEOWNERS' ASSOCIATION AT THE VINEYARDS, INC.

Principal Place of Business	Mailing Address
1044 CASTELLO DRIVE SUITE 206 NAPLES FL 34013 US	1044 CASTELLO DRIVE SUITE 206 NAPLES FL 34013 US

2. Principal Place of Business
21 844 Anchor Rode Drive
22 Suite, Apt. #, etc.
23 City & State: Naples, FL
24 Zip: 34103 25 Country: US

2a. Mailing Address
26 844 Anchor Rode Drive
27 Suite, Apt. #, etc.
28 City & State: Naples, FL
29 Zip: 34103 30 Country: US

3. Date Incorporated or Qualifed: 10/22/1991

4. FEI Number: 65-0364256 ☐ Applied For ☐ Not Applicable

5. Certifcate 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

SOUTHWEST PROPERTY MANAGEMENT CORP.
1044 CASTELLO DRIVE
SUITE 206
NAPLES FL 34013

10. Name and Address of New Registered Agent

81 Name: Jack Mellon & Associates, CPA's
82 Street Address (P.O. Box Number is Not Acceptable): 844 Anchor Rode Drive
83
84 City: Naples FL 85 Zip Code: 34103

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: Jack D. Mellon, CPA — 3/29/99
Signature, typed or printed name of registered agent and title if applicable. (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	PD BARATTA, THOMAS 5834 CINZANO COURT NAPLES FL	☐ DELETE	1.1 TITLE / 1.2 NAME / 1.3 STREET ADDRESS / 1.4 CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VD HARRIS, LARRY 218 MONTEREY DRIVE NAPLES FL	☒ DELETE	2.1 TITLE / 2.2 NAME / 2.3 STREET ADDRESS / 2.4 CITY-ST-ZIP	SD Emerson White 245 Monterey Drive Naples, FL 34119	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SD ISAACSON, JILL 293 MONTEREY DRIVE NAPLES FL	☐ DELETE	3.1 TITLE / 3.2 NAME / 3.3 STREET ADDRESS / 3.4 CITY-ST-ZIP	VD	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D DEITER, WILLIAM 240 MONTEREY DRIVE NAPLES FL	☐ DELETE	4.1 TITLE / 4. 2 NAME / 4.3 STREET ADDRESS / 4.4 CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TD HOUSER, DON 5840 CLOUDSTONE DRIVE NAPLES FL	☒ DELETE	5.1 TITLE / 5.2 NAME / 5.3 STREET ADDRESS / 5.4 CITY-ST-ZIP	TD Cliff Reiselt 226 Monterey Drive Naples, FL 34119	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	6.1 TITLE / 6.2 NAME / 6.3 STREET ADDRESS / 6.4 CITY-ST-ZIP		☐ Change ☐ Addition

CR2E037 (11/98)

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: Thomas Baratta 3-29-99
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #