2001 UNIFORM BUSINESS REPORT (UBR) May 16, 2001 8:00 am Secretary of State **DOCUMENT # N45706** 1. Entity Name 05-16-2001 90203 050 ****61.25 VALLEY OAK HOMEOWNERS' ASSOCIATION AT THE VINEYA Principal Place of Business Mailing Address 844 ANCHOR RODE DR * 844 ANCHOR RODE DR NAPLES FL 34013 NAPLES FL 34013 DO NOT WRITE IN THIS SPACE 4. FEI Number Applied For 65-0364256 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) NEWELL PROPERTY MGT CORP. 4148A CORPORATE SQUARE NAPLES FL 34104 Zip Code Fl 8. The above named entity submits this statement for rpose of changing its registered office or registered agent, or both, in the state of Florida. **SIGNATURE** Signature, typed or printed name of registered **FILE NOW:** 9. Election Campaign Financing Make Check Payable to \$5.00 May Be Trust Fund Contribution. Added to Fees Department of State **FEE IS \$61.25** 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 TITLE Delete Addition TITLE ☐ Change BARATTA, THOMAS NAME NAME STREET ADDRESS 5834 CINZANO COURT STREET ADDRESS CITY-ST-ZIE CITY-ST-ZIP NAPLES FL SD Delete TITLE Change Addition TITLE WHITE, EMERSON. NAME STREET ADDRESS STREET ADDRESS MINDANO 245 MONTEREY DR CITY-ST-ZIP NAPLES FL 34119 CITY-ST-ZIP Addition TITLE ☐ Delete TITLE ☐ Change ISAACSON, JILL NAME With Gwen STREET ADDRESS **293 MONTEREY DRIVE** STREET ADDRESS .Montereu CITY-ST-ZIP NAPLES FL CITY-ST-ZIF ☐ Delete Addition TITLE TITLE ☐ Change DEITER, WILLIAM. NAME NAME STREET ADDRESS STREET ADDRESS 240 MONTEREY DRIVE CITY-ST-ZIP CITY-ST-ZIE Naples fl-TITLE Delete TITLE Change Addition NAME REISELT, CLIFF ... NAME STREET ADDRESS STREET ADDRESS **-226 MONTEREY DR**-CITY-ST-ZIP CITY-ST-7IP NAPLES FL 34119 TITLE ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-SJ-ZIP 12. 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 report or supplemental 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 of trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

STUINED.

SIGNATURE:

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