2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 26, 2004
Secretary of State

DOCUMENT# N45706

Entity Name: VALLEY OAK HOMEOWNERS' ASSOCIATION AT THE VINEYARDS, INC.

Current Principal Place of Business:

% NEWELL PROPERTY MGMT
5435 JAEGER RD. #4
NAPLES, FL 34109 US

New Principal Place of Business:

Current Mailing Address:

% NEWELL PROPERTY MGMT
5435 JAEGER RD. #4
NAPLES, FL 34109 US

New Mailing Address:

FEI Number: 65-0364256 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

NEWELL, WILLIAM
5435JAEGER RD #4
NAPLES, FL 34109 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title:	PD	( ) Delete
Name:	CUMMINGS, JACK	
Address:	255 MONTEREY DRIVE	
City-St-Zip:	NAPLES, FL 34119	
Title:	STD	( ) Delete
Name:	MORELAND, JOE	
Address:	5821 CINZANO COURT	
City-St-Zip:	NAPLES, FL 34119	
Title:	VD	( ) Delete
Name:	YORK, JIM	
Address:	5845 CLOUDSTONE CT	
City-St-Zip:	NAPLES, FL 34119	
Title:	D	( ) Delete
Name:	LANGDON, TAMMY	
Address:	263 SILVERADO DRIVE	
City-St-Zip:	NAPLES, FL 34119	
Title:	D	( ) Delete
Name:	PARTRIDGE, ROBERT	
Address:	231 MONTEREY DRIVE	
City-St-Zip:	NAPLES, FL 34119	

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:		
Title:	D	(X) Change ( ) Addition
Name:	GROOTEMAT, TOM	
Address:	272 MONTEREY DRIVE	
City-St-Zip:	NAPLES, FL 34119	

I hereby certify that the information supplied with this filing does not qualify for the 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 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: JACK CUMMINGS PD 02/26/2004

Electronic Signature of Signing Officer or Director — Date