2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N45706

FILED Mar 16, 2007 Secretary of State

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

Current Principal Place of Business: New Principal Place of Business: % NEWELL PROPERTY MGMT 5435 JAEGER RD. #4 NAPLES FL 34109 **New Mailing Address: Current Mailing Address:** % NEWELL PROPERTY MGMT 5435 JAEGER RD. #4 NAPLES, FL 34109 FEI Number: 65-0364256 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: NEWELL, WILLIAM 5435JAEGER RD #4 US NAPLES, FL 34109 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:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: (X) Change () Addition () Delete FRUEHAN, MARK BRYANT, MARTIN Name: Name: 5831 CINZANO COURT Address: 310 MONTEREY DRIVE Address: City-St-Zip: NAPLES, FL 34119 City-St-Zip: NAPLES, FL 34119 Title: VD () Delete Title: (X) Change () Addition BRYANT, MARTIN Name: PEMBERTON, CHANTE Name: Address: 310 MONTEREY DRIVE Address: 204 SILVERADO DRIVE City-St-Zip: NAPLES, FL 34119 City-St-Zip: NAPLES, FL 34119 Title: STD () Delete Title: SD (X) Change () Addition JOHNSON, WADE YORK, NORMA Name: Name: 5845 CLOUDSTONE COURT 269 MONTEREY DRIVE Address: Address: City-St-Zip: NAPLES, FL 34119 City-St-Zip: NAPLES, FL 34119 Title: () Delete Title: TD (X) Change () Addition Name: JOHNSON, WADE Name: AMARIS, BECKY 269 MONTEREY DRIVE 259 SILVERADO DRIVE Address: Address: City-St-Zip: NAPLES, FL 34119 City-St-Zip: NAPLES, FL 34119 Title: () Delete Title: () Change (X) Addition GREENSTEIN, JERRY Name: Name: 245 STONEGATE COURT Address: Address: City-St-Zip: City-St-Zip: NAPLES, FL 34119 Title: () Delete Title: () Change (X) Addition TRICKER, DAVID Name: Name: Address: Address: 241 MONTEREY DRIVE NAPLES, FL 341119 City-St-Zip: City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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: MARTIN BRYANT PD 03/16/2007