

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 16, 2002 8:00 am
Secretary of State

04-16-2002 90138 008 ****61.25

DOCUMENT # N99000000526

1. Entity Name

VINEYARDS CAMELOT PARK HOMEOWNERS' ASSOCIATION, INC.

Principal Place of Business

Mailing Address

100 VINEYARDS
 NAPLES FL 34119

100 VINEYARDS
 NAPLES FL 34119

00000000



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-3559210

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

~~PMP OF SW FLA, INC.~~
~~ATTN: NANCY WINKLER~~
 100 VINEYARDS BLVD
 NAPLES FL 34119

Anthony Tirella

Name **PMP of SW FLA, INC**

Street Address (P.O. Box Number is Not Acceptable)

100 Vineyards Blvd

City **NAPles**

FL

Zip Code

34119

8. 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

Anthony Tirella, Manager

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be Added to Fees

Make Check Payable to Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE Delete
 NAME **PTDV**
 STREET ADDRESS **TOUSSEL, JOHN JR**
 CITY-ST-ZIP **6017 PINE RIDGE RD PMB 255**
NAPLES FL 34119

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME **SD**
 STREET ADDRESS **FERGUSON, BEULAH**
 CITY-ST-ZIP **6017 PINE RIDGE RD PMB 255**
NAPLES FL 34119

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME **D**
 STREET ADDRESS **ROGERS, ROBERT F**
 CITY-ST-ZIP **98 VINEYARDS BLVD**
NAPLES FL 34119

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME **PROPERTY I.D.**
 STREET ADDRESS **G/L ACCOUNT AMOUNT INITIAL**
 CITY-ST-ZIP **6025 61.25**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-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 or 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.

SIGNATURE:

SIGNATURE REQUIRED

John J. Toussel

Date

Daytime Phone #

CR2E037 (9/01)

