

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 29, 2005 8:00 am
Secretary of State

04-29-2005 90272 031 ****61.25

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|---|---|--|--|--|--|
| DOCUMENT # N99000000526 1. Entity Name VINEYARDS CAMELOT PARK HOMEOWNERS' ASSOCIATION, INC. | | | | | |
| Principal Place of Business 75 VINEYARDS BLVD THIRD FLOOR NAPLES, FL 34119 | | | Mailing Address 75 VINEYARDS BLVD THIRD FLOOR NAPLES, FL 34119 | | |
| 2. Principal Place of Business Suite, Apt. #, etc. | | | 3. Mailing Address Suite, Apt. #, etc. | | |
| City & State | | | City & State | | |
| Zip | | Country | | Zip | |
| Country | | Country | | 4. FEI Number 59-3559210 | |
| 5. Certificate of Status Desired <input type="checkbox"/> | | | | Applied For <input type="checkbox"/> Not Applicable | |
| 6. Name and Address of Current Registered Agent PROPERTY MANAGEMENT PROFESSIONALS, INC. 75 VINEYARDS BLVD THIRD FLOOR NAPLES, FL 34119 | | | | 7. Name and Address of New Registered Agent Name _____ Street Address (P.O. Box Number is Not Acceptable) _____ City _____ FL Zip Code _____ | |
| 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. I am familiar with, and accept the obligations of, registered agent. | | | | | |
| SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) | | | | DATE 4/25/05 4/25/05 | |
| Filing Fee is \$61.25 Due by May 1, 2005 | | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> | | \$5.00 May Be Added to Fees Make check payable to Florida Department of State | |
| 10. OFFICERS AND DIRECTORS | | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 | | |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | P BARTLETT, MEDEA 1094 CAMELOT CIRCLE NAPLES, FL 34119 | <input type="checkbox"/> Delete | | | |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | S FELDGOISE, WALTER 1079 CAMELOT CIRCLE NAPLES, FL 34119 | <input type="checkbox"/> Delete | | | |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | V HEILAND, DERRIU 1090 CAMELOT CIRCLE NAPLES, FL 34119 | <input checked="" type="checkbox"/> Delete | | | |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | T KEARNS, ROBERT 1022 CAMELOT CIRCLE NAPLES, FL 34119 | <input type="checkbox"/> Delete | | | |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | D GROSSMAN, RONALD 1164 CAMELOT CIRCLE NAPLES, FL 34119 | <input checked="" type="checkbox"/> Delete | | | |
| TITLE NAME STREET ADDRESS CITY - ST - ZIP | _____ <input type="checkbox"/> Delete | TITLE 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. | | | VP Ron Grossman 1164 Camelot Circle Naples, FL 34119 | | |
| SIGNATURE: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR | | | DATE 4/25/05 (239) 353-1992 | | |