## 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

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

DOCUMENT # N9900000526  1. Entity Name VINEYARDS CAMELOT PARK HOMEOWNERS' ASSOCIATION, INC.				04	4-29-2005 902	272 031 ****61	1.25
Principal Place of Business 75 VINEYARDS BLVD THIRD FLOOR NAPLES, FL 34119		Mailing Address 75 VINEYARDS BLVD THIRD FLOOR NAPLES, FL 34119			140104	02 	
2. Principal Place of Business		3. Mailing Address				y com orál imi non o	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		04252005 C	hg-NP (	CR2E037 (10/03)	
City & State		City & State		4. FEI Number 59-355921	10	<u> </u>	oplied For ot Applicable
Zip	Country	Zip	Country	5. Certificate of St	tatus Desired	S8.75 Add Fee Require	
	6. Name and Address of Current	Registered Agent		7. Name and Add	fress of New Regi	stered Agent	
	V MANACEMENT DOCESOI	ONALO INÓ	Name				
PROPERTY MANAGEMENT PROFESSION 75 VINEYARDS BLVD THIRD FLOOR		ONALS, INC.	Street Add	Street Address (P.O. Box Number is Not Acceptable)			
NAPLES, I							
			City			FL Zip Cod	e
8. The above the obligat	named entity submits this statement for ions of registered agent.	r the purpose of changing its reg	pistered office or re	egistered agent, or both, in	the State of Florida	a. I am familiar with,	and accept
SIGNATURE .	Signature, typed or printed name of registered agent	and title if applicable. (NOTE: Re	gislered Agent signature	e required when reinstating)		DATE 25/05	<u> </u>
SIGNATURE .	Signature, hand or printed name of registered agent  Jack Erickson  Filling Fee Is \$61.25  Due by May 1, 2005	9. Election Campa Trust Fund Conf	ign Financing	\$5.00 May Be	Make	DATE 25/05 b check payable to Department of St	
SIGNATURE .	Jack Erickson- Filing Fee is \$61.25	9. Election Campa Trust Fund Conf	ign Financing	<b>\$5.00</b> мау Ве	Make Florida	25/05 c check payable to Department of St	tate
	Jack Erickson Filing Fee is \$61.25 Due by May 1, 2005	9. Election Campa Trust Fund Conf	ign Financing tribution.	\$5.00 May Be Added to Fees	Make Florida	25/05 c check payable to Department of St	tate
10. TITLE NAME STREET ADDRESS	Jack Erickson Filing Fee is \$61.25 Due by May 1, 2005  OFFICERS AND DIF P BARTLETT, MEDEA 1094 CAMELOT CIRCLE	9. Election Campa Trust Fund Con	ign Financing tribution.	\$5.00 May Be Added to Fees	Make Florida	25/05 e check payable to Department of St AND DIRECTORS IN	tate
10.  TITLE NAME STREET ADDRESS CITY-S1-2IP TITLE NAME STREET ADDRESS	Jack Erickson Filing Fee is \$61.25 Due by May 1, 2005  OFFICERS AND DIF P BARTLETT, MEDEA 1094 CAMELOT CIRCLE NAPLES, FL 34119 S FELDGOISE, WALTER 1079 CAMELOT CIRCLE NAPLES, FL 34119 V HEILAND, DERRIU	9. Election Campa Trust Fund Cont	ign Financing tribution.  11.  TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	\$5.00 May Be Added to Fees	Make Florida	25/05 be check payable to Department of St AND DIRECTORS IN	1 10 Addition
10.  TITLE NAME STREET ADDRESS CITY - S1 - 21P TITLE NAME STREET ADDRESS CITY - S1 - 21P TITLE NAME STREET ADDRESS STREET ADDRESS STREET ADDRESS	Jack Erickson Filing Fee is \$61.25 Due by May 1, 2005  OFFICERS AND DIF P BARTLETT, MEDEA 1094 CAMELOT CIRCLE NAPLES, FL 34119 S FELDGOISE, WALTER 1079 CAMELOT CIRCLE NAPLES, FL 34119 V HEILAND, DERRIU 1090 CAMELOT CIRCLE	9. Election Campa Trust Fund Cont RECTORS  Defete	ign Financing tribution.  11.  Title NAME STREET ADDRESS CITY-ST-ZIP  Title NAME STREET ADDRESS CITY-ST-ZIP  Title NAME STREET ADDRESS STREET ADDRESS STREET ADDRESS	\$5.00 May Be Added to Fees	Make Florida	25/05 e check payable to Department of St AND DIRECTORS IN Change	I 10 Addition
10.  TITLE NAME STREET ADDRESS CITY-S1-2IP TITLE NAME STREET ADDRESS STREET ADDRESS STREET ADDRESS	Jack Erickson Filing Fee Is \$61.25 Due by May 1, 2005  OFFICERS AND DIF P BARTLETT, MEDEA 1094 CAMELOT CIRCLE NAPLES, FL 34119 S FELDGOISE, WALTER 1079 CAMELOT CIRCLE NAPLES, FL 34119 V HEILAND, DERRIU 1090 CAMELOT CIRCLE NAPLËS, FL 34119 T KEARNS, ROBERT 1022 CAMELOT CIRCLE	9. Election Campa Trust Fund Cond RECTORS  Delete  Delete	ign Financing tribution.  11.  TITLE NAME STREET ADDRESS CITY-ST-ZIP  TITLE NAME STREET ADDRESS CITY-ST-ZIP	\$5.00 May Be Added to Fees	Make Florida ES TO OFFICERS	25/05 e check payable to Department of St AND DIRECTORS IN Change Change	Addition  Addition

12. Thereby 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:** 

OF SIGNING OFFICER OR DIRECTOR

4/25/05 Date

(239) 353-1992 Daytime Phone #