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Feb 04 1998 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N93000001141 (1)**

1. Corporation Name

**VINELAND OAKS HOMEOWNERS ASSOCIATION, INC.**



Principal Place of Business <b>8130 VINELAND OAKS BLVD</b> <del>SUITE 201</del> <b>ORLANDO FL 32835</b> <b>US</b>	Mailing Address <b>8130 VINELAND OAKS BLVD</b> <del>SUITE 201</del> <b>ORLANDO FL 32835</b> <b>US</b>
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3. Date Incorporated or Qualified <b>02/26/1993</b>	4. FEI Number <b>59-3179987</b>	Applied For <input type="checkbox"/> Not Applicable
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2. Principal Place of Business <b>21 8130 Vineland Oaks Blvd.</b> Suite, Apt. #, etc.	2a. Mailing Address <b>26 8130 Vineland Oaks Blvd.</b> Suite, Apt. #, etc.
City & State <b>23 Orlando FL</b>	City & State <b>28 Orlando FL</b>
Zip <b>24 32835</b>	Country <b>25 US</b>
Zip <b>29 32835</b>	Country <b>30 US</b>

5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input type="checkbox"/> No	
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent <b>LORENA, RAYMOND</b> <b>8130 VINELAND OAKS BLVD</b> <b>ORLANDO FL 32835</b>	
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10. Name and Address of New Registered Agent	
81 Name <b>Raymond Lorenz</b>	
82 Street Address (P.O. Box Number is Not Acceptable) <b>8130 Vineland Oaks Blvd.</b>	
83	
84 City <b>Orlando</b>	85 Zip Code <b>FL 32835</b>

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) \_\_\_\_\_ DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS	
TITLE	<b>D</b> <input type="checkbox"/> DELETE
NAME	<b>LORENZ, RAYMOND</b>
STREET ADDRESS	<b>8130 VINELAND OAKS BLVD</b>
CITY-ST-ZIP	<b>ORLANDO FL</b>
TITLE	<b>D</b> <input checked="" type="checkbox"/> DELETE
NAME	<b>HEINLE, RICHARD</b>
STREET ADDRESS	<b>8100 VINELAND OAKS BLVD</b>
CITY-ST-ZIP	<b>ORLANDO FL</b>
TITLE	<b>D</b> <input type="checkbox"/> DELETE
NAME	<b>SIBIGA, CHARLOTTE</b>
STREET ADDRESS	<b>8101 VINELAND OAKS BLVD</b>
CITY-ST-ZIP	<b>ORLANDO FL</b>
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	<b>D</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	<b>McHacken, John</b>
1.3 STREET ADDRESS	<b>8124 Vineland Oaks Blvd</b>
1.4 CITY-ST-ZIP	<b>Orlando FL 32835</b>
2.1 TITLE	<b>D</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	<b>Hooper, Virginia</b>
2.3 STREET ADDRESS	<b>8118 Vineland Oaks Blvd</b>
2.4 CITY-ST-ZIP	<b>Orlando FL 32835</b>
3.1 TITLE	<b>D</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	<b>Gatlin, Joe</b>
3.3 STREET ADDRESS	<b>8238 Vineland Oaks Blvd.</b>
3.4 CITY-ST-ZIP	<b>Orlando FL 32835</b>
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Raymond Lorenz **SIGNATURE OF (Raymond Lorenz)** Jan 98 (407) 297-9163

CR2E037 (10/97)