

FILE NOW: FILING FEE IS \$61.25

FILED  
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 8130 VINELAND OAKS BLVD <del>SUITE 201</del> ORLANDO FL 32835 US	Mailing Address 8130 VINELAND OAKS BLVD <del>SUITE 201</del> ORLANDO FL 32835 US
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3. Date Incorporated or Qualified  
**02/26/1993**

4. FEI Number <b>59-3179987</b>	Applied For <input type="checkbox"/>	Not Applicable <input checked="" type="checkbox"/>
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2. Principal Place of Business 21 <b>8130 Vineland Oaks Blvd.</b> Suite, Apt. #, etc.	2a. Mailing Address 26 <b>8130 Vineland Oaks Blvd.</b> Suite, Apt. #, etc.
22	27
23 City & State <b>Orlando FL</b>	28 City & State <b>Orlando FL</b>
24 Zip <b>32835</b>	25 Country <b>US</b>
29 Zip <b>32835</b>	30 Country <b>US</b>

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

6. Election Campaign Financing Trust Fund Contribution  **\$5.00** May Be Added to Fees

7. Is this nonprofit corporation a homeowners association?  
 Yes  No

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30.  Yes  No

9. Name and Address of Current Registered Agent  
**LORENA, RAYMOND**  
8130 VINELAND OAKS BLVD  
ORLANDO FL 32835

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 617.1506, 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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		<input type="checkbox"/> DELETE
TITLE	<b>D</b>	
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		<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
1.1 TITLE	<b>D Mc Hocken, John</b>		
1.2 NAME	<b>8124 Vineland Oaks Blvd</b>		
1.3 STREET ADDRESS	<b>Orlando FL 32835</b>		
1.4 CITY-ST-ZIP			
2.1 TITLE	<b>D Hooper, Virginia</b>		
2.2 NAME	<b>8118 Vineland Oaks Blvd</b>		
2.3 STREET ADDRESS	<b>Orlando FL 32835</b>		
2.4 CITY-ST-ZIP			
3.1 TITLE	<b>D Gatial, Joe</b>		
3.2 NAME	<b>8238 Vineland Oaks Blvd.</b>		
3.3 STREET ADDRESS	<b>Orlando FL 32835</b>		
3.4 CITY-ST-ZIP			
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  
Signature AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (10/97)