


**2004 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**May 06, 2004 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # N93000001141</b> 1. Entity Name VINELAND OAKS HOMEOWNERS ASSOCIATION, INC.	
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Principal Place of Business 8130 VINELAND OAKS BLVD ORLANDO, FL 32835 US	Mailing Address 8202 VINELAND OAKS BLVD. ORLANDO, FL 32835 US
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04142004 No Chg-NP CR2E037 (10/03)

4. FEI Number 59-3179987	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

**DO NOT WRITE IN THIS SPACE**

6. Name and Address of Current Registered Agent  WYRE, MIKE 8202 VINELAND OAKS BLVD. ORLANDO, FL 32835
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**DO NOT WRITE  
IN THIS SPACE**

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 Michael Wyre Michael Wyre 4-30-04  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

**Filing Fee is \$61.25  
Due by May 1, 2004**

9. Election Campaign Financing  
Trust Fund Contribution. ☐ \$5.00 May Be  
Added to Fees

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D LORENZ, RAYMOND 8130 VINELAND OAKS BLVD ORLANDO, FL 32835
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D HIXON, BRIAN 8209 VINELAND OAKS BLVD. ORLANDO, FL 32835
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D WYRE, MIKE 8202 VINELAND OAKS BLVD ORLANDO, FL 32835
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D FERRARO, ANTHONY 8232 VINELAND OAKS BLVD ORLANDO, FL 32835
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D MILLER, ROBERT 8131 VINELAND OAKS BLVD. ORLANDO, FL 32835
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

1100000157640  
05/06/04-80033-017 61.25

**DO NOT WRITE  
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: Brian Hixon 4-22-04 407-838-8584  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #