


# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jan 10, 2006 8:00 am**  
**Secretary of State**

01-10-2006 90027 011 \*\*\*\*61.25

<b>DOCUMENT # N93000001141</b>					
<b>1. Entity Name</b> VINELAND OAKS HOMEOWNERS ASSOCIATION, INC.					
<b>Principal Place of Business</b> 8130 VINELAND OAKS BLVD ORLANDO, FL 32835 US			<b>Mailing Address</b> 8202 VINELAND OAKS BLVD. ORLANDO, FL 32835 US		
<b>2. Principal Place of Business</b>		<b>3. Mailing Address</b>			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	<b>4. FEI Number</b> 59-3179987	
<b>5. Certificate of Status Desired</b> <input type="checkbox"/>				<b>\$8.75 Additional Fee Required</b>	
<b>6. Name and Address of Current Registered Agent</b>  WYRE, MIKE 8202 VINELAND OAKS BLVD. ORLANDO, FL 32835			<b>7. Name and Address of New Registered Agent</b> Name <u>WYRE, MIKE</u> Street Address (P.O. Box Number is Not Acceptable) <u>8202 VINELAND OAKS BLVD</u> City <u>ORLANDO</u> <u>FL</u> Zip Code <u>32835</u>		
<b>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.</b>					
SIGNATURE <u>Michael WYRE</u> <u>Michael Wyre</u> <u>1-6-06</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when re-registering.) DATE</small>					
<b>Filing Fee is \$61.25 Due by May 1, 2006</b>		<b>9. Election Campaign Financing Trust Fund Contribution.</b> <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
<b>Make check payable to: Florida Department of State</b>					
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D LORENZ, RAYMOND 8130 VINELAND OAKS BLVD ORLANDO, FL 32835	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D WYRE, MIKE 8202 VINELAND OAKS BLVD ORLANDO, FL 32835	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	D WYRE, MIKE <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 8202 VINELAND OAKS BLVD ORLANDO, FL 32835	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D FERRARO, ANTHONY 8232 VINELAND OAKS BLVD ORLANDO, FL 32835	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D MILLER, ROBERT 8131 VINELAND OAKS BLVD. ORLANDO, FL 32835	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D DINSDALE, ERIC 8124 VINELAND OAKS BLVD ORLANDO, FL 32835	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	D LOPES, LOURENCO <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 8101 VINELAND OAKS BLVD ORLANDO, FL 32835	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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.</b>					
<b>SIGNATURE:</b> <u>Michael Wyre</u>			<u>1-6-06</u> <u>407-521-8028</u>		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			<small>Date Daytime Phone #</small>		