

**2024 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N00000002300

**Entity Name:** VINELAND VILLAGE PROPERTY OWNERS ASSOCIATION, INC.

**Current Principal Place of Business:**

225 W. WASHINGTON ST.  
INDIANAPOLIS, IN 46204

**Current Mailing Address:**

P O BOX 7033  
INDIANAPOLIS, IN 46207-7033

**FEI Number: 58-2539161**

**Certificate of Status Desired: No**

**Name and Address of Current Registered Agent:**

CT CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION, FL 33324 US

*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.*

**SIGNATURE:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**Officer/Director Detail :**

Title D  
Name CASTENADA, BENJAMIN  
Address 8200 VINEYARD AVENUE, SUITE 750  
City-State-Zip: ORLANDO FL 32821

Title D  
Name KELLY, SEAN  
Address 8200 VINEYARD AVENUE, SUITE 750  
City-State-Zip: ORLANDO FL 32821

Title D  
Name LAMBERT, BOB  
Address 8200 VINEYARD AVENUE  
SUITE 750  
City-State-Zip: ORLANDO FL 32821

Title CHAIRMAN, PRESIDENT, SECRETARY  
& TREASURER  
Name MANNES, TERRI  
Address 8200 VINEYARD AVENUE  
SUITE 750  
City-State-Zip: ORLANDO FL 32821

*I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.*

**SIGNATURE: TERRI MANNES**

**CHAIRMAN, PRESIDENT, SECRETARY & TREASURER**      **04/09/2024**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date