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Mar 11 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 708054 (2)
1. Corporation Name
VINEYARD OF THE ISLANDS, INC.



Principal Place of Business Mailing Address
V.C.F. CAPE CORAL P.O. BOX 152138 CAPE CORAL FL 33915 US

3. Date Incorporated or Qualified 11/03/1964
4. FEI Number 59-6529160 Applied For Not Applicable
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

2. Principal Place of Business 2a. Mailing Address
21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.
22 City & State 27 City & State
23 Zip Country 28 Zip Country
24 25 29 30

9. Name and Address of Current Registered Agent
STILSON, JAMIE J
251 SOUTHWINDS
SANIBEL FL 33957

10. Name and Address of New Registered Agent
81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City FL 85 Zip Code

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		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD STILSON, JAMIE J 251 SOUTHWINDS SANIBEL FL 33957	1.1 TITLE	PD JAMIE. Stilson
NAME		1.2 NAME	
STREET ADDRESS		1.3 STREET ADDRESS	2703 S.W. 35TH LANE
CITY-ST-ZIP		1.4 CITY-ST-ZIP	CAPE CORAL, FL 33914
TITLE	D ELEY, WILLIAM 538 RETUNDA PARKWAY CAPE CORAL FL 33904	2.1 TITLE	D Kim E. Stilson
NAME		2.2 NAME	
STREET ADDRESS		2.3 STREET ADDRESS	2703 SW 35 LN
CITY-ST-ZIP		2.4 CITY-ST-ZIP	CAPE CORAL FL. 33914
TITLE	D MUNYAN, TIM 4115 SANIBEL CAPTIVA ROAD SANIBEL FL 33957	3.1 TITLE	
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	D Kim E. Stilson 2703 S.W. 35 LN CAPE CORAL, FL. 33914	4.1 TITLE	
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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: _____ 2-3-98 941-574-0054

CR2E037 (10/97)