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NONPROFIT CORPORATION ANNUAL REPORT
1999

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 708054

407561 - 90264 - 22

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	V.C.F. CAPE CORAL P.O. BOX 152138 CAPE CORAL FL 33915 US

2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualifed
21 3816 Chiquita Blvd	26 3816 Chiquita Blvd	11/03/1964
Suite, ~~Apt. #, etc.~~ 22 #2	Suite, ~~Apt. #, etc.~~ 27 #2	4. FEI Number 59-6529160 ☐ Applied For ☐ Not Applicable
City & State 23 Cape Coral, FL	City & State 28 Cape Coral, FL	5. Certifcate of Status Desired ☑ **$8.75** Additional Fee Required
Zip 24 33914 Country 25 USA	Zip 29 33914 Country 30 USA	6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

9. Name and Address of Current Registered Agent

STILSON, JAMIE J
251 SOUTHWINDS
SANIBEL FL 33957

SAME AGENT
Different Address →

10. Name and Address of New Registered Agent

81 Name Stilson, Jamie J
82 Street Address (P.O. Box Number is Not Acceptable) 2703 SW 35th LANE
83
84 City Cape Coral FL 85 Zip Code 33914

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

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD	☒ DELETE	1.1 TITLE		☐ Change ☐ Addition
NAME	STILSON, JAMIE J		1.2 NAME		
STREET ADDRESS	251 SOUTHWINDS		1.3 STREET ADDRESS		
CITY-ST-ZIP	SANIBEL FL 33957		1.4 CITY-ST-ZIP		
TITLE	D	☐ DELETE	2.1 TITLE	S/D	☑ Change ☐ Addition
NAME	ELEY, WILLIAM		2.2 NAME	ELEY, William	
STREET ADDRESS	538 RETUNDA PARKWAY		2.3 STREET ADDRESS	538 Retunda Parkway	
CITY-ST-ZIP	CAPE CORAL FL 33904		2.4 CITY-ST-ZIP	Cape Coral, FL 33904	
TITLE	PD	☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME	STILSON, JAMIE		3.2 NAME		
STREET ADDRESS	2703 S.W. 35TH LANE		3.3 STREET ADDRESS		
CITY-ST-ZIP	CAPE CORAL FL 33914		3.4. CITY-ST-ZIP		
TITLE	D	☒ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME	STILSON, KIM E		4. 2 NAME		
STREET ADDRESS	2703 S.W. 35 LN		4.3 STREET ADDRESS		
CITY-ST-ZIP	CAPE CORAL FL 33914		4.4 CITY-ST-ZIP		
TITLE		☐ DELETE	5.1 TITLE	T/D	☐ Change ☑ Addition
NAME			5.2 NAME	Ray Enrico	
STREET ADDRESS			5.3 STREET ADDRESS	2846 SW 50th Terrace	
CITY-ST-ZIP			5.4 CITY-ST-ZIP	Cape Coral, FL 33914	
TITLE		☐ DELETE	6.1 TITLE	D	☐ Change ☑ Addition
NAME			6.2 NAME	Jim Overhulser	
STREET ADDRESS			6.3 STREET ADDRESS	4610 SW 22nd Avenue	
CITY-ST-ZIP			6.4 CITY-ST-ZIP	Cape Coral, FL 33914	

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, with all other like empowered.

SIGNATURE: SIGNATURE REQUIRED William Eley 4/21/99 (941)549-8075
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #