


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 25, 2006 08:00 AM
Secretary of State

DOCUMENT # 768140
 1. Entity Name
THE VINEYARDS PROPERTY OWNERS ASSOCIATION, INC.



Principal Place of Business 1802 VINEYARD WAY TALLAHASSEE, FL 32317	Mailing Address 1802 VINEYARD WAY TALLAHASSEE, FL 32317
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DO NOT WRITE IN THIS SPACE



01202006 No Chg-NP CR2E037 (11/05)

4. FEI Number 59-2332952	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
 MURSTEN, HARRY
 1802 VINEYARD WAY
 TALLAHASSEE, FL 32317

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

Filing Fee is \$61.25 Due by May 1, 2006

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	PD GRANT, SCOTT 1796 VINEYARD WAY TALLAHASSEE, FL 32317
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD MUSTEN, HARRY 1802 VINEYARD TALLAHASSEE, FL 32317
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD ROYAL, ALTON 1802 VINEYARD WAY TALLAHASSEE, FL 32311
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD STEINBERG, GARY 1865 VINEYARD WAY TALLAHASSEE, FL 32317
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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 02/02/06-80062-007 61.25

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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.

SIGNATURE: HARRY MURSTEN Treasurer 1-21-06 850-506-4728
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

HARRY MURSTEN