

2007 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

FILED

2007 DEC 24 PM 1:46

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 768140 1. Entity Name THE VINEYARDS PROPERTY OWNERS ASSOCIATION, INC.	
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Principal Place of Business 1802 VINEYARD WAY TALLAHASSEE, FL 32317	Mailing Address 1802 VINEYARD WAY TALLAHASSEE, FL 32317
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2. Principal Place of Business - No P.O. Box # 1833 WINERY WAY	3. Mailing Address 1833 WINERY WAY
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State TALLAHASSEE FL	City & State TALLAHASSEE FL
Zip 32317 Country	Zip 32317 Country

12212007 REIN-NP	CR2E099 (1/07)	
4. FEI Number 59-2332952	Applied For <input type="checkbox"/> 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	7. Name and Address of New Registered Agent Name SHAH PANKAJ Street Address (P.O. Box Number is Not Acceptable) 1833 WINERY WAY City TALLAHASSEE FL Zip Code 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 12-21-07

(NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS \$61.25 After January 1, 2008, Fee will be \$122.50	In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.	Make check payable to Florida Department of State
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD GRANT, SCOTT 1796 VINEYARD WAY TALLAHASSEE, FL 32317	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 70011337055T 12/24/07--01018--011 **\$61.25
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD MUSTEN, HARRY 1802 VINEYARD TALLAHASSEE, FL 32317	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition TD SHAH, PANKAJ 1833 WINERY WAY 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	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition VPD CONNELL, CHRIS 1853 VINEYARD WAY TALLAHASSEE, FL 32317
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD STEINBERG, GARY 1865 VINEYARD WAY TALLAHASSEE, FL 32317	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition SD WALKER, TALLY 1670 VINEYARD WAY TALLAHASSEE FL 32317
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<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	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: 12-21-07 850-567-2975

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

12/24/07