


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 12, 2008 08:00 AM
Secretary of State

DOCUMENT # 768140 1. Entity Name THE VINEYARDS PROPERTY OWNERS ASSOCIATION, INC.	
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Principal Place of Business 1833 WINERY WAY TALLAHASSEE, FL 32317	Mailing Address 1833 WINERY WAY TALLAHASSEE, FL 32317
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DO NOT WRITE IN THIS SPACE



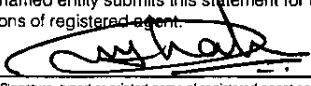
02062008 No Chg-NP CR2E037 (4/06)

4. FEI Number 59-2332952	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent PANKAJ, SHAH 1833 WINERY WAY TALLAHASSEE, FL 32317

DO NOT WRITE IN THIS SPACE

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:  (NOTE: Registered Agent signature required when reinstating)	DATE: 2-7-08

Filing Fee is \$61.25 Due by May 1, 2008

9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees
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U00000825536
02/21/08-80014-009 61.25

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 SHAH, PANKAJ 1833 WINERY WAY TALLAHASSEE, FL 32317
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD CONNELL, CHRIS 1853 VINYARD WAY TALLAHASSEE, FL 32317
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD WALKER, TALLY 1670 VINEYARD WAY TALLAHASSEE, FL 32317
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

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: 	DATE: 2-7-08	DAYTIME PHONE #: 850-567-2975 850-877-7496
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PANKAJ SHAH.