

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 768140

FILED  
Jan 26, 2009  
Secretary of State

Entity Name: THE VINEYARDS PROPERTY OWNERS ASSOCIATION, INC.

**Current Principal Place of Business:**

1833 WINERY WAY  
TALLAHASSEE, FL 32317

**New Principal Place of Business:**

**Current Mailing Address:**

1833 WINERY WAY  
TALLAHASSEE, FL 32317

**New Mailing Address:**

FEI Number: 59-2332952

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

PANKAJ, SHAH  
1833 WINERY WAY  
TALLAHASSEE, FL 32317 US

**Name and Address of New Registered Agent:**

PANKAJ, SHAH M TREASUR  
1833 WINERY WAY  
TALLAHASSEE, FL 32317 US

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.

SIGNATURE: PANKAJ SHAH

01/26/2009

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: PD ( ) Delete  
Name: GRANT, SCOTT  
Address: 1796 VINEYARD WAY  
City-St-Zip: TALLAHASSEE, FL 32317

Title: TD ( ) Delete  
Name: SHAH, PANKAJ  
Address: 1833 WINERY WAY  
City-St-Zip: TALLAHASSEE, FL 32317

Title: VPD ( ) Delete  
Name: CONNELL, CHRIS  
Address: 1853 VINEYARD WAY  
City-St-Zip: TALLAHASSEE, FL 32317

Title: SD ( ) Delete  
Name: WALKER, TALLY  
Address: 1670 VINEYARD WAY  
City-St-Zip: TALLAHASSEE, FL 32317

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: PD (X) Change ( ) Addition  
Name: CONNELL, CHRIS  
Address: 1853 VINEYARD WAY  
City-St-Zip: TALLAHASSEE, FL 32317

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: VPD (X) Change ( ) Addition  
Name: SMITH, LINDA  
Address: 1842 VINEYARD WAY  
City-St-Zip: TALLAHASSEE, FL 32317

Title: SD (X) Change ( ) Addition  
Name: NORMAN, ST. ONGE  
Address: 1675 VINEYARD WAY  
City-St-Zip: TALLAHASSEE, FL 32317

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: PANKAJ SHAH

TD

01/26/2009

Electronic Signature of Signing Officer or Director

Date