

**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Aug 01, 2007 8:00 am
Secretary of State

08-01-2007 90034 050 ***150.00

DOCUMENT # J94396

1. Entity Name
VINEYARDS REALTY, INC.



Principal Place of Business
**75 VINEYARDS BLVD
#500
NAPLES, FL 34119 US**

Mailing Address
**75 VINEYARDS BLVD
#500
NAPLES, FL 34119 US**

40127701



07202007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-0061540

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75** Additional
Fee Required

6. Name and Address of Current Registered Agent

**ROGERS, ROBERT F
75 VINEYARD BLVD #500
NAPLES, FL 34119**

**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 _____

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE _____

**FILE NOW!!! FEE IS \$150.00
Due by September 14, 2007**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

In accordance with s. 607.193(2)(b), F.S., the
corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**SD
PROCACCI, MARIA
75 VINEYARD BLVD 5TH FLOOR
NAPLES, FL 34119**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**P
SAADEH, MICHEL
75 VINEYARD BLVD 5TH FLOOR
NAPLES, FL 34119**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**V
SCHUETZ, JIM
75 VINEYARD BLVD 5TH FLOOR
NAPLES, FL 34119**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

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 607, 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: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7/24/07

Date

Daytime Phone #