## 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# N00000000851

FILED Apr 24, 2009 Secretary of State

Entity Name: THE VINEYARDS OF SILVER OAK HOMEOWNERS ASSOCIATION, INC.

**Current Principal Place of Business: New Principal Place of Business:** 9031 TOWN CENER PKWY 9031 TOWN CENTER PKWY BRADENTON, FL 34202 BRADENTON, FL 34202 **Current Mailing Address: New Mailing Address:** 9031 TOWN CENER PKWY BRADENTON, FL 34202 FEI Number: 65-0988947 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( ) Name and Address of Current Registered Agent: Name and Address of New Registered Agent: WILSON, DOUGLAS E %ADVANCED MANAGEMENT OF SOUTHWEST FLA INC. 9031 TOWN CENTER PARKWAY BRADENTON, FL 34202 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: Electronic Signature of Registered Agent Date **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: () Delete () Change () Addition MYERS, MARSHALL Name: Name: 5187 COTE DU RHONE WAY Address: Address: City-St-Zip: SARASOTA, FL 34238 City-St-Zip: Title: () Delete Title: (X) Change ( ) Addition RONIN, ELLIOTT A Name: ARONIN, ELLIOTT A Name: Address: 5113 CANTOIORIA CREST Address: 5113 CANTOIORIA CREST City-St-Zip: SARASOTA, FL 34238 City-St-Zip: SARASOTA, FL 34238 Title: () Delete Title: () Change () Addition GERSHGOC, GERALD Name: Name: 5162 COTE DU RHONE WAY Address: Address: City-St-Zip: SARASOTA, FL 34238 City-St-Zip: Title: VΡ ( ) Delete Title: (X) Change ( ) Addition Name: MITCHELL, G.A Name: MITCHELL, GEORGE A 5186 COTE DURHONE WAY 5186 COTE DU RHONE WAY Address: Address: City-St-Zip: SARASOTA, FL 34238 City-St-Zip: SARASOTA, FL 34238 Title: () Delete Title: () Change () Addition FALKNER, FRED Name: Name: 5125 CANTABRIA CREST Address: Address: City-St-Zip: SARASOTA, FL 34238 City-St-Zip:

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: ELLIOTT ARONIN T 04/24/2009