

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 09, 2004 8:00 am
Secretary of State

03-09-2004 90020 024 ****61.25

DOCUMENT # N01000004862

1. Entity Name

VINEYARDS ELEMENTARY PTA, INC.



Principal Place of Business

6225 ARBOR BLVD WEST
NAPLES FL 34119

Mailing Address

6225 ARBOR BLVD WEST
NAPLES FL 34119

44010561



MOORE CR2E037 (11/03)

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

65-1155227

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

~~SPANO, ROBERT~~
6225 ARBOR BLVD WEST
NAPLES FL 34119

7. Name and Address of New Registered Agent

Name

MARY SMITH

Street Address (P.O. Box Number is Not Acceptable)

6225 ARBOR BLVD. WEST

City

NAPLES

FL

Zip Code

34119

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

Mary B. Smith

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

(NOTE: Registered Agent signature required when reinstating)

DATE

2-27-04

FILE NOW: FEE IS \$61.25
Due By May 1, 2004

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE	P	<input type="checkbox"/> Delete
NAME	NUNNER, SUSAN	
STREET ADDRESS	8113 LOWBANK DR	
CITY-ST-ZIP	NAPLES FL 34109	
TITLE	T	<input checked="" type="checkbox"/> Delete
NAME	WILKINSON, DEBRA	
STREET ADDRESS	4330 1ST AVE SW	
CITY-ST-ZIP	NAPLES FL 34119	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	ROONEY, MELISSA	
STREET ADDRESS	9585 OXFORD ST	
CITY-ST-ZIP	NAPLES FL 34109	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	SPANO, ROBERT	
STREET ADDRESS	6225 ARBOR BLVD WEST	
CITY-ST-ZIP	NAPLES FL 34119	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	MOULTON, KATHY	
STREET ADDRESS	294 MONTEREY DR	
CITY-ST-ZIP	NAPLES FL 34119	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	WAGNER, CYRILLA	
STREET ADDRESS	206 MONTEREY DR	
CITY-ST-ZIP	NAPLES FL 34119	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	TREASURER	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KIRSTEN ARISON	
STREET ADDRESS	3770 FIELDSTONE BLVD. #1508	
CITY-ST-ZIP	NAPLES FL 34109	
TITLE	VP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CHRISTEL JOHNSON	
STREET ADDRESS	209 MONTEREY DR.	
CITY-ST-ZIP	NAPLES FL 34119	
TITLE	2ND VP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MELISSA COLOSIMO	
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MARY SMITH	
STREET ADDRESS	6225 ARBOR BLVD. W	
CITY-ST-ZIP	NAPLES FL 34119	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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:

Susan H. Nunner

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/10/04

Date

239 594 3483

Daytime Phone #