

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 14, 2003 8:00 am
Secretary of State

02-14-2003 90206 009 ****70.00

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**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **65-1155227**

Applied For

Not Applicable

5. Certificate of Status Desired ☒

\$8.75 Additional
Fee Required

☒ CHECK HERE IF MAKING CHANGES



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

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

City

FL

Zip Code

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 *Robert E. Spano*
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

2-4-03

FILE NOW: FEE IS \$61.25

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	D	<input checked="" type="checkbox"/> Delete
NAME	MANGO, CAROL	
STREET ADDRESS	3715 GUADIATO CT	
CITY-ST-ZIP	NAPLES FL 34109	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	MCMAMARA, LISA A	
STREET ADDRESS	296 MONTEREY DRIVE	
CITY-ST-ZIP	NAPLES FL 34119	
TITLE	D	<input type="checkbox"/> Delete
NAME	ROONEY, MELISSA	
STREET ADDRESS	9585 OXFORD ST	
CITY-ST-ZIP	NAPLES FL 34109	
TITLE	D	<input type="checkbox"/> Delete
NAME	SPANO, ROBERT	
STREET ADDRESS	6225 ARBOR BLVD WEST	
CITY-ST-ZIP	NAPLES FL 34119	
TITLE	D	<input type="checkbox"/> Delete
NAME	MOULTON, KATHY	
STREET ADDRESS	294 MONTEREY DR	
CITY-ST-ZIP	NAPLES FL 34119	
TITLE	D	<input 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	Pro	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Nunner, Susan	
STREET ADDRESS	8113 Leeward Dr.	
CITY-ST-ZIP	Naples, FL 34109	
TITLE	TRAO	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Wilkinson, Debra	
STREET ADDRESS	4330 1st AVE SW	
CITY-ST-ZIP	Naples FL 34119	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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: *Debra A. Wilkinson* **REQUIRED**

1/31/03

239 354-2300

CR2E037 (10/02)