

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04000002161

FILED
Jan 25, 2008
Secretary of State

Entity Name: THE VINEYARDS-PHASES III AND IV HOMEOWNERS' ASSOCIATION, INC.

Current Principal Place of Business:

1648 TAYLOR RD #123
PORT ORANGE, FL 32128

New Principal Place of Business:

Current Mailing Address:

1648 TAYLOR RD #123
PORT ORANGE, FL 32128

New Mailing Address:

FEI Number: 02-0686870

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

DE MOSS, ROBERT
1648 TAYLOR RD #123
PORT ORANGE, FL 32128 US

Name and Address of New Registered Agent:

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:

Title: PD () Delete
Name: LONG, KENNETH F
Address: 1479 NAPPA DRIVE
City-St-Zip: PORT ORANGE, FL 32128

Title: VD () Delete
Name: RICHEY, KEITH
Address: 5458 ST REGIS WAY
City-St-Zip: PORT ORANGE, FL 32128

Title: STD () Delete
Name: CRATTY, RICHARD K
Address: 5486 TRAKIA TRAIL
City-St-Zip: PORT ORANGE, FL 32128

Title: STD () Delete
Name: LIB, WILSON
Address: 5401 LANCERS LANE
City-St-Zip: PORT ORANGE, FL 32128

Title: STD () Delete
Name: DUNG, VAN
Address: 5483 TRAKIA TRAIL
City-St-Zip: PORT ORANGE, FL 32128

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: DE MOSS, ROBERT
Address: 5488 TRAKIA TRAIL
City-St-Zip: PORT ORANGE, FL 32128

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

Title: STD (X) Change () Addition
Name: MIRABELLA, PATRICIA
Address: 1481 NAPPA DRIVE
City-St-Zip: PORT ORANGE, FL 32128

Title: STD (X) Change () Addition
Name: FLAAHAULT, GLORIA
Address: 5446 ST. REGIS WAY
City-St-Zip: PORT ORANGE, FL 32128

Title: STD (X) Change () Addition
Name: CASSILY, PAUL
Address: 5412 LANCER'S LANE
City-St-Zip: PORT ORANGE, FL 32128

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: ROBERT DE MOSS

PD

01/25/2008

Electronic Signature of Signing Officer or Director

Date