
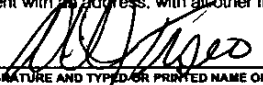


# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 19, 2007 8:00 am**  
**Secretary of State**

03-19-2007 90051 004 \*\*\*\*61.25

<b>DOCUMENT # N05000002307</b> 1. Entity Name <b>THE VINES CONDOMINIUM ASSOCIATION, INC.</b>																																																																																																																																									
Principal Place of Business <b>24100 TISEO BLVD UNIT 4 PORT CHARLOTTE, FL 33980</b>			Mailing Address <b>24100 TISEO BLVD UNIT 4 PORT CHARLOTTE, FL 33980</b>																																																																																																																																						
2. Principal Place of Business - No P.O. Box #		3. Mailing Address																																																																																																																																							
Suite, Apt. #, etc.		Suite, Apt. #, etc.																																																																																																																																							
City & State		City & State																																																																																																																																							
Zip	Country	Zip	Country																																																																																																																																						
6. Name and Address of Current Registered Agent  <b>KAHLE, GARY A 99 NESBIT STREET PUNTA GORDA, FL 33950</b>				7. Name and Address of New Registered Agent  Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> <span><b>FL</b></span> <span>Zip Code</span> </div>																																																																																																																																					
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 _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>																																																																																																																																									
<b>Filing Fee is \$61.25 Due by May 1, 2007</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>																																																																																																																																					
<div style="display: flex; justify-content: space-between;"> <div style="width: 48%;"> <b>10. OFFICERS AND DIRECTORS</b> <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 15%;">TITLE</td> <td style="width: 45%;">DT</td> <td style="width: 10%; text-align: center;"><input checked="" type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td>JOINER, JOHN B JR</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>PO BOX 510248</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>PUNTA GORDA, FL 33950</td> <td></td> </tr> <tr> <td>TITLE</td> <td>DP</td> <td style="text-align: center;"><input type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td>VANDERVEER, ROBERT</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>2855 YUMA AVENUE</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>NORTH PORT, FL 34286</td> <td></td> </tr> <tr> <td>TITLE</td> <td>DVS</td> <td style="text-align: center;"><input type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td>TISEO, ALBERT J</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>24100 TISEO BLVD UNIT 4</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>PORT CHARLOTTE, FL 33980</td> <td></td> </tr> <tr> <td>TITLE</td> <td></td> <td style="text-align: center;"><input type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td></td> </tr> <tr> <td>TITLE</td> <td></td> <td style="text-align: center;"><input type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td></td> </tr> <tr> <td>TITLE</td> <td></td> <td style="text-align: center;"><input type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td></td> </tr> </table> </div> <div style="width: 48%;"> <b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b> <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 15%;">TITLE</td> <td style="width: 45%;">DT</td> <td style="width: 10%; text-align: center;"><input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition</td> </tr> <tr> <td>NAME</td> <td>PAT JOINER, JR</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>P.O. Box 510248</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>PUNTA GORDA, FL 33950</td> <td></td> </tr> <tr> <td>TITLE</td> <td></td> <td style="text-align: center;"><input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>NAME</td> <td>1831 ARGONNE COURT</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>NORTH PORT, FL 34288</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td></td> </tr> <tr> <td>TITLE</td> <td></td> <td style="text-align: center;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td></td> </tr> <tr> <td>TITLE</td> <td></td> <td style="text-align: center;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td></td> </tr> <tr> <td>TITLE</td> <td></td> <td style="text-align: center;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td></td> </tr> </table> </div> </div>						TITLE	DT	<input checked="" type="checkbox"/> Delete	NAME	JOINER, JOHN B JR		STREET ADDRESS	PO BOX 510248		CITY-ST-ZIP	PUNTA GORDA, FL 33950		TITLE	DP	<input type="checkbox"/> Delete	NAME	VANDERVEER, ROBERT		STREET ADDRESS	2855 YUMA AVENUE		CITY-ST-ZIP	NORTH PORT, FL 34286		TITLE	DVS	<input type="checkbox"/> Delete	NAME	TISEO, ALBERT J		STREET ADDRESS	24100 TISEO BLVD UNIT 4		CITY-ST-ZIP	PORT CHARLOTTE, FL 33980		TITLE		<input type="checkbox"/> Delete	NAME			STREET ADDRESS			CITY-ST-ZIP			TITLE		<input type="checkbox"/> Delete	NAME			STREET ADDRESS			CITY-ST-ZIP			TITLE		<input type="checkbox"/> Delete	NAME			STREET ADDRESS			CITY-ST-ZIP			TITLE	DT	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	NAME	PAT JOINER, JR		STREET ADDRESS	P.O. Box 510248		CITY-ST-ZIP	PUNTA GORDA, FL 33950		TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	NAME	1831 ARGONNE COURT		STREET ADDRESS	NORTH PORT, FL 34288		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		
TITLE	DT	<input checked="" type="checkbox"/> Delete																																																																																																																																							
NAME	JOINER, JOHN B JR																																																																																																																																								
STREET ADDRESS	PO BOX 510248																																																																																																																																								
CITY-ST-ZIP	PUNTA GORDA, FL 33950																																																																																																																																								
TITLE	DP	<input type="checkbox"/> Delete																																																																																																																																							
NAME	VANDERVEER, ROBERT																																																																																																																																								
STREET ADDRESS	2855 YUMA AVENUE																																																																																																																																								
CITY-ST-ZIP	NORTH PORT, FL 34286																																																																																																																																								
TITLE	DVS	<input type="checkbox"/> Delete																																																																																																																																							
NAME	TISEO, ALBERT J																																																																																																																																								
STREET ADDRESS	24100 TISEO BLVD UNIT 4																																																																																																																																								
CITY-ST-ZIP	PORT CHARLOTTE, FL 33980																																																																																																																																								
TITLE		<input type="checkbox"/> Delete																																																																																																																																							
NAME																																																																																																																																									
STREET ADDRESS																																																																																																																																									
CITY-ST-ZIP																																																																																																																																									
TITLE		<input type="checkbox"/> Delete																																																																																																																																							
NAME																																																																																																																																									
STREET ADDRESS																																																																																																																																									
CITY-ST-ZIP																																																																																																																																									
TITLE		<input type="checkbox"/> Delete																																																																																																																																							
NAME																																																																																																																																									
STREET ADDRESS																																																																																																																																									
CITY-ST-ZIP																																																																																																																																									
TITLE	DT	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition																																																																																																																																							
NAME	PAT JOINER, JR																																																																																																																																								
STREET ADDRESS	P.O. Box 510248																																																																																																																																								
CITY-ST-ZIP	PUNTA GORDA, FL 33950																																																																																																																																								
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition																																																																																																																																							
NAME	1831 ARGONNE COURT																																																																																																																																								
STREET ADDRESS	NORTH PORT, FL 34288																																																																																																																																								
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 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 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.																																																																																																																																									
<div style="display: flex; justify-content: space-between;"> <div> <b>SIGNATURE:</b>  <b>A.J. TISEO</b>  <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small> </div> <div> <b>3/13/07</b>  <small>Date</small> </div> <div> <b>941-629-2158</b>  <small>Daytime Phone #</small> </div> </div>																																																																																																																																									