

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N05000003435

FILED
Mar 27, 2009
Secretary of State

Entity Name: VININGS PROPERTY OWNERS' ASSOCIATION, INC.

Current Principal Place of Business:

2180 WEST SR 434
SUITE 5000
LONGWOOD, FL 327795044

New Principal Place of Business:

Current Mailing Address:

2180 WEST SR 434
SUITE 5000
LONGWOOD, FL 327795044

New Mailing Address:

FEI Number: 20-2760437

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

HART, JAMES W JR
SENTRY MANAGEMENT INC
2180 WEST SR 434 SUITE 5000
LONGWOOD, FL 327795044 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: CARLSON, JACKIE
Address: 2715 SE 23RD AVE
City-St-Zip: OCALA, FL 34471

Title: STD () Delete
Name: BOON, SALLY S
Address: 421 LAKE DR
City-St-Zip: OCALA, FL 34472

Title: D () Delete
Name: CARLSON, TERRY
Address: 2715 SE 23RD AVE
City-St-Zip: OCALA, FL 34471

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: SD (X) Change () Addition
Name: CARLSON, JACKIE
Address: 2715 SE 23RD AVE
City-St-Zip: OCALA, FL 34471

Title: PD (X) Change () Addition
Name: SAURO, DANIEL A
Address: 5337 SE 39TH LOOP
City-St-Zip: OCALA, FL 34480

Title: TD (X) Change () Addition
Name: COCKRELL, SHARON A
Address: 4340 SE 40TH LN
City-St-Zip: OCALA, FL 34480

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: DANIEL A SAURO

PD

03/27/2009

Electronic Signature of Signing Officer or Director

Date