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NONPROFIT CORPORATION ANNUAL REPORT
1996

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N12685 (6)

1. Corporation Name

VINES COMMUNITY ASSOCIATION, INC.

Principal Place of Business	Mailing Address
19307 SILVER OAKS DRIVE FT MYERS FL 33912	12734 KENWOOD LANE 32 FT MYERS FL 33907 US

3. Date Incorporated or Qualified: 12/20/1985
3a. Date of Last Report: 05/01/1995

2. Principal Place of Business
21
Suite, Apt. #, etc.
22
City & State
23
Zip
24
Country
25

2a. Mailing Address
26
Suite, Apt. #, etc.
27
City & State
28
Zip
29
Country
30

4. FEI Number: 59-2779253 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☑ No

9. Name and Address of Current Registered Agent

~~GELLES, ROBERT E~~
~~12734 KENWOOD LANE~~
~~SUITE 32~~
~~FT MYERS FL 33907~~

10. Name and Address of New Registered Agent

81 Name: Chamberlain, Steve
82 Street Address (P.O. Box Number is Not Acceptable): 3461 Bonita Bay Blvd. #201
83
84 City: Bonita Springs FL 85 Zip Code: 33923

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE: [signature] 4-23-96
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD	☐ DELETE	1.1 TITLE		☐ Change ☐ Addition
NAME	HEFFERNAN, JOSEPH A.		1.2 NAME		
STREET ADDRESS	~~19307 SILVER OAKS DRIVE~~		1.3 STREET ADDRESS	19501 Vintage Trace Cr.	
CITY-ST-ZIP	FT MYERS FL		1.4 CITY-ST-ZIP		
TITLE	VPD	☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	BARLOW, LEE		2.2 NAME		
STREET ADDRESS	19501 VINTAGE TRACE CIRCLE		2.3 STREET ADDRESS		
CITY-ST-ZIP	FT MYERS FL 33912		2.4 CITY-ST-ZIP		
TITLE	STD	☐ DELETE	3.1 TITLE		☑ Change ☐ Addition
NAME	~~RUNYON, MIKE~~		3.2 NAME	Henderson, George	
STREET ADDRESS	19501 VINTAGE TRACE CIRCLE		3.3 STREET ADDRESS		
CITY-ST-ZIP	FT. MYERS FL		3.4 CITY-ST-ZIP		
TITLE		☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME			4.2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP			4.4 CITY-ST-ZIP		
TITLE		☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

CR2E037 (12/95)

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Joe Heffernan 4-23-96 267-3700
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #