

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 30, 2004 8:00 am
Secretary of State

04-30-2004 90226 023 ****61.25

DOCUMENT # N12685 1. Entity Name VINES COMMUNITY ASSOCIATION, INC.					
Principal Place of Business PEGASUS PROPERTY MANAGEMENT 17595 S TAMiami TRAIL, #100 FORT MYERS, FL 33908			Mailing Address PEGASUS PROPERTY MANAGEMENT 17595 S TAMiami TRAIL, #100 FORT MYERS, FL 33908		
2. Principal Place of Business Suite, Apt. #, etc. City & State Zip Country			3. Mailing Address Suite, Apt. #, etc. City & State Zip Country		
4. FEI Number 59-2779253			Applied For ☐ Not Applicable		
5. Certificate of Status Desired ☐			\$8.75 Additional Fee Required		
6. Name and Address of Current Registered Agent PEGASUS PROPERTY MANAGEMENT 17595 TAMiami TRAIL, #100 FORT MYERS, FL 33908			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 _____ Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE					
Filing Fee is \$61.25 Due by May 1, 2004		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			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD ROTE, KAY 8490-1 SOUTHBRIDGE DRIVE FT MYERS, FL 33912	☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D REES, RUSSELL 8466-1 SOUTHBRIDGE DR FORT MYERS, FL 33912	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LEE, JOAN 19721 VINTAGE TRACE CIRCLE FORT MYERS, FL 33912	☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BRADLEY, GEORGE 19203 VINTAGE TRACE CIRCLE FORT MYERS, FL 33912	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD BOOTH, CANDY 19379 SILVER OAKS DRIVE FORT MYERS, FL 33912	☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVP TREWELLA, ROBERT 19705 VINTAGE TRACE CIRCLE FORT MYERS, FL 33912	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD COLLINS, ROBERT W 8331 GRAND PALM DR #1 FORT MYERS, FL 33912	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D TALIAFERO, RICK 19385 SILVER OAK DR FORT MYERS, FL 33912	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GREENLEE, RON 19482 LOST CREEK DR FORT MYERS, FL 33912	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D P	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BRUMMETT, MARY 8601 FAIRWAY BEND DR FORT MYERS, FL 33912	☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SEYR FERLICH, BERNIE 8583 FAIRWAY BEND DR. FORT MYERS, FL 33912	☐ Change ☒ Addition
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: <u>RW Collins</u>			4/26/04 239-454-8568		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date Daytime Phone #		

94074278



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