

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 28, 2003 8:00 am
Secretary of State

04-28-2003 91375 018 *****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

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

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

7. Name and Address of New Registered Agent

**PEGASUS PROPERTY MANAGEMENT
17595 TAMiami TRAIL, #100
FORT MYERS FL 33908**

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

FILE NOW: FEE IS \$61.25

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 **D** ☐ Delete
NAME **ROTE, KAY**
STREET ADDRESS **8490-1 SOUTHBRIDGE DRIVE**
CITY-ST-ZIP **FT MYERS FL 33912**

TITLE **PD** ☒ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **VPD** ☐ Delete
NAME **LEE, JOAN**
STREET ADDRESS **19721 VINTAGE TRACE CIRCLE**
CITY-ST-ZIP **FORT MYERS FL 33912**

TITLE **D** ☒ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **TD** ☒ Delete
NAME **JOHNSON, DONALD**
STREET ADDRESS **19017 VINTAGE TRACE CIRCLE**
CITY-ST-ZIP **FT. MYERS FL 33912**

TITLE **VD** ☐ Change ☐ Addition
NAME **CANDY BOOTH**
STREET ADDRESS **19379 SILVER OAKS DRIVE**
CITY-ST-ZIP **FT. MYERS FL 33912**

TITLE **PD** ☐ Delete
NAME **COLLINS, ROBERT W**
STREET ADDRESS **8331 GRAND PALM DR #1**
CITY-ST-ZIP **FORT MYERS FL 33912**

TITLE **STD** ☒ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **SD** ☒ Delete
NAME **HENNING, MICHAEL**
STREET ADDRESS **19421 SILVER OAKS DRIVE**
CITY-ST-ZIP **FORT MYERS FL 33912**

TITLE **D** ☐ Change ☒ Addition
NAME **RON GREENLEE**
STREET ADDRESS **19482 LOST CREEK DR**
CITY-ST-ZIP **FT. MYERS, FL 33912**

TITLE **D** ☐ Delete
NAME **BRUMMETT, MARY**
STREET ADDRESS **8601 FAIRWAY BEND DR**
CITY-ST-ZIP **FORT MYERS FL 33912**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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: **Robert W. Collins** **SECRETARY** **4/15/03** **239-482-2404**

CR2E037 (10/02)