


**2007 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jul 16, 2007 08:00 AM
Secretary of State

DOCUMENT # N22353	
1. Entity Name THE VINEYARDS COMMUNITY ASSOCIATION, INC.	
	
Principal Place of Business 75 VINEYARDS BLVD NAPLES, FL 33999 US	Mailing Address 75 VINEYARDS BLVD NAPLES, FL 33999 US



07092007 No Chg-NP CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0042808	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent PMP OF SW FL. INC. 75 VINEYARDS BLVD NAPLES, FL 34119	DO NOT WRITE IN THIS SPACE
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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 September 14, 2007**

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

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD SAADEH, MICHEL M. 75 VINEYARDS BLVD, 5TH FL NAPLES, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VTDS ROGERS, ROBERT 75 VINEYARDS BLVD, 5TH FL NAPLES, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PROCACCI, MICHAEL 75 VINEYARDS BLVD, 5TH FL NAPLES, FL 34119
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07/16/07-80007-013 61.25

**DO NOT WRITE
IN THIS SPACE**

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.

SIGNATURE: *Michel Saadeh*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date _____ Daytime Phone # _____