

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N30788

FILED
Mar 31, 2009
Secretary of State

Entity Name: CHARDONNAY AT THE VINEYARDS, INC.

Current Principal Place of Business:

1044 CASTELLO DR, STE 206
NAPLES, FL 34103 US

New Principal Place of Business:

Current Mailing Address:

SOUTHWEST PROPERTY MANAGEMENT
1044 CASTELLO DR, STE 206
NAPLES, FL 34103 US

New Mailing Address:

FEI Number: 65-0072169 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**

Name and Address of Current Registered Agent:

SOUTHWEST PROPERTY MANAGEMENT
1044 CASTELLO DR
SUITE 206
NAPLES, FL 34103 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: VD () Delete
Name: MEADE, W. PAUL
Address: 6025 CHARDONNAY LANE, #303
City-St-Zip: NAPLES, FL 34119

Title: T () Delete
Name: LAWFER, LARRY
Address: 6015 CHARDONNAY LANE, #201
City-St-Zip: NAPLES, FL 34119

Title: D () Delete
Name: LITTLE, KRISTINE
Address: 6015 CHARDONNAY LANE, #303
City-St-Zip: NAPLES, FL 34119

Title: P () Delete
Name: FRONMULLER, WILLIAM
Address: 6010 CHARDONNAY LANE #203
City-St-Zip: NAPLES, FL 34119

Title: S () Delete
Name: KNAPP, MARY
Address: 6030 CHARDONNAY LANE, #202
City-St-Zip: NAPLES, FL 34119

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: D (X) Change () Addition
Name: MILESKE, MATT
Address: 6045 CHARDONNAY LANE, #304
City-St-Zip: NAPLES, FL 34119

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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: WILLIAM FRONMULLER

P

03/31/2009

Electronic Signature of Signing Officer or Director

Date