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FILED

Jan 31 1997 8:00am
Secretary of StateNONPROFIT
CORPORATION
ANNUAL REPORT
1997FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS**DOCUMENT # N33438 (5)**

1. Corporation Name

VINES COUNTRY CLUB, INC.

Principal Place of Business

**19501 VINTAGE TRACE CIRCLE
FORT MYERS FL 33912**

Mailing Address

**19501 VINTAGE TRACE CIRCLE
FORT MYERS FL 33912-5532**

3. Date Incorporated or Qualified

07/27/1989

3a. Date of Last Report

04/15/1996

2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

24**25**

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

29**30**

4. FEI Number

65-0139537

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

10. Name and Address of New Registered Agent

**HEFFERNAN, JOSEPH A.
19501 VINTAGE TRACE CIR
FORT MYERS FL 33912**

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

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, 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 **VD** ☐ DELETENAME **KRIDLER, TERRY**
STREET ADDRESS **11333 MCCORMICK RD**
CITY-ST-ZIP **HUNT VALLEY MD**1.1 TITLE ☐ Change ☒ Addition1.2 NAME **KRIDLER, TERRY**
1.3 STREET ADDRESS **HUNT VALLEY, MARYLAND 21031**TITLE **PD** ☐ DELETENAME **HEFFERNAN, JOSEPH A**
STREET ADDRESS **19501 VINTAGE TRACE CIRCLE**
CITY-ST-ZIP **FT. MYERS, FLORIDA 33912**2.1 TITLE ☐ Change ☒ Addition2.2 NAME **19501 VINTAGE TRACE CIRCLE**
2.3 STREET ADDRESS **FT. MYERS, FLORIDA 33912**TITLE **TD** ☐ DELETENAME **BARLOW, LEE**
STREET ADDRESS **400 E LAS COLINAS BLVD SUITE 300**
CITY-ST-ZIP **IRVING TX**3.1 TITLE ☒ Change ☐ Addition3.2 NAME **RUSTON, DON**
3.3 STREET ADDRESS **11333 MCCORMICK ROAD**
3.4 CITY-ST-ZIP **HUNT VALLEY, MARYLAND 21031**TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

14. I do 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 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:

Joseph A. Heffernan
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

1/10/97Daytime Phone # **800 237-4969****0058703**

CR2E037 (9/96)