


FILE NOW: FILING FEE IS \$61.25

FILED
Apr 27, 1999 8:00 am
Secretary of State

04-27-1999 90123 008 ****61.25

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NONPROFIT CORPORATION ANNUAL REPORT 1999				FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # N33438					
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		



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21		26		07/27/1989	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number	
22		27		65-0139537	
City & State		City & State		5. Certificate of Status Desired <input type="checkbox"/>	
23		28		\$8.75 Additional Fee Required	
Zip		Zip		6. Election Campaign Financing	
Country		Country		Trust Fund Contribution <input type="checkbox"/>	
24		25		29	
25		29		30	

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 Verna Caudle, Controller			
				82 Street Address (P.O. Box Number is Not Acceptable) 19501 Vintage Trace Circle			
				83			
				84 City Fort Myers, FL 33912 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	DELETE	1.1 TITLE	President	<input type="checkbox"/> Change	<input type="checkbox"/> Addition	
NAME	KRIDLER, TERRY		1.2 NAME	James Neithercut			
STREET ADDRESS	11333 MCCORMICK RD		1.3 STREET ADDRESS	19497 Silver Oaks Drive			
CITY-ST-ZIP	HUNT VALLEY MD		1.4 CITY-ST-ZIP	Fort Myers, FL 33912			
TITLE	PD	DELETE	2.1 TITLE	V. President	<input type="checkbox"/> Change	<input type="checkbox"/> Addition	
NAME	HEFFERNAN, JOSEPH A		2.2 NAME	Robert Jones			
STREET ADDRESS	19501 VINTAGE TRACE CIRCLE		2.3 STREET ADDRESS	19455 Silver Oaks Drive			
CITY-ST-ZIP	FT MYERS FL		2.4 CITY-ST-ZIP	Fort Myers, FL 33912			
TITLE	TD	DELETE	3.1 TITLE	Sec.D	<input type="checkbox"/> Change	<input type="checkbox"/> Addition	
NAME	RUSTON, DON		3.2 NAME	Christopher Smith			
STREET ADDRESS	11333 MCCORMICK ROAD		3.3 STREET ADDRESS	19649 Vintage Trace Circle			
CITY-ST-ZIP	HUNT VALLEY MD		3.4 CITY-ST-ZIP	Fort Myers, FL 33912			
TITLE		DELETE	4.1 TITLE	Trea.D	<input type="checkbox"/> Change	<input type="checkbox"/> Addition	
NAME			4.2 NAME	Donald Johnson			
STREET ADDRESS			4.3 STREET ADDRESS	19017 Vintage Trace Circle			
CITY-ST-ZIP			4.4 CITY-ST-ZIP	Fort Myers, FL 33912			
TITLE		DELETE	5.1 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition	
NAME			5.2 NAME				
STREET ADDRESS			5.3 STREET ADDRESS				
CITY-ST-ZIP			5.4 CITY-ST-ZIP				
TITLE		DELETE	6.1 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition	
NAME			6.2 NAME				
STREET ADDRESS			6.3 STREET ADDRESS				
CITY-ST-ZIP			6.4 CITY-ST-ZIP				

14. 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 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, with all other like empowered

SIGNATURE: *Brian SHG* DATE: *4-23-99* 4-23-99 941-267-7000
 SIGNATURE AND TYPED OF: PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (11/98)