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May 05 1997 8:00am
Secretary of State

NONPROFIT
CORPORATION
ANNUAL REPORT
1997



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N40361 (0)

1. Corporation Name

THE VINEYARDS ELEMENTARY SCHOOL PARENT-TEACHER ORGANIZATION, INC.



Principal Place of Business

6225 ARBOR BLVD.
NAPLES FL 33989

Mailing Address

6225 ARBOR BLVD.
NAPLES FL 34119-1307

3. Date Incorporated or Qualified
10/12/1990

3a. Date of Last Report
03/04/1996

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip Country

28 Zip Country

24 34119

29

30

4. FEI Number
65-0220617

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

KERWIN, KATE
9746 LITCHFIELD LN
NAPLES FL 33942

81 Name

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

3862 MIDSHORE DRIVE

83

84 City

NAPLES

FL

85 Zip Code

34109

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 *Marilyn A. Deite*

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

4/15/97

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE D ☒ DELETE
NAME GLAMYAN, ANI
STREET ADDRESS 7193 MILL RUN CIRCLE
CITY-ST-ZIP NAPLES FL

1.1 TITLE D ☐ Change ☒ Addition
1.2 NAME STEELMAN, CAROLEE
1.3 STREET ADDRESS 5920 10th AVE. N.W.
1.4 CITY-ST-ZIP NAPLES, FL. 34119

TITLE D ☒ DELETE
NAME BAER, S ANDY
STREET ADDRESS 8861 SANDLEWOOD LANE
CITY-ST-ZIP NAPLES FL

2.1 TITLE D ☐ Change ☒ Addition
2.2 NAME REYNOLDS, MOIRA
2.3 STREET ADDRESS 5440 12th AVE. S.W.
2.4 CITY-ST-ZIP NAPLES, FL. 34116

TITLE D ☒ DELETE
NAME BROTT, PATTI
STREET ADDRESS 5890 10TH AVENUE SW
CITY-ST-ZIP NAPLES FL

3.1 TITLE D ☐ Change ☒ Addition
3.2 NAME SANTORA, Kim
3.3 STREET ADDRESS 4221 15th AVE. S.W.
3.4 CITY-ST-ZIP NAPLES, FL. 34116

TITLE D ☒ DELETE
NAME KERWIN, KATE
STREET ADDRESS 9746 LITCHFIELD LN
CITY-ST-ZIP NAPLES FL

4.1 TITLE D ☐ Change ☒ Addition
4.2 NAME KLEE, KATHY
4.3 STREET ADDRESS 197 SILVERADO DR.
4.4 CITY-ST-ZIP NAPLES, FL. 34119

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

5.1 TITLE D ☐ Change ☒ Addition
5.2 NAME QUIRK, MARILYN
5.3 STREET ADDRESS 3862 MIDSHORE DR
5.4 CITY-ST-ZIP NAPLES, FL. 34109

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.

CR2E037 (9/96)