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Mar 12 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Northam Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N40361** (0)

1. Corporation Name

THE VINEYARDS ELEMENTARY SCHOOL PARENT-TEACHER ORGANIZATION, INC.

Principal Place of Business

Mailing Address

**6225 ARBOR BLVD.
NAPLES FL 34119
US**

**6225 ARBOR BLVD.
NAPLES FL 33999**



3. Date Incorporated or Qualified

10/12/1990

4. FEI Number

65-0220617

Applied For

Not Applicable

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

25

29

34119

30

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐

\$5.00 May Be Added to Fees

7. Is this nonprofit corporation a homeowners association?

☐ Yes ☒ No

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**QUIRK, MARILYN
3862 MIDSHORE DR
NAPLES FL 34109**

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

Marilyn Quirk

Marilyn Quirk treasurer

1/29/98

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

(NOTE: Registered Agent signature required when reappointing)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE **D** ☒ DELETE
NAME **STEELMAN, CAROLES**
STREET ADDRESS **5920 10TH AVE NW**
CITY-ST-ZIP **NAPLES FL**

1.1 TITLE **PRESIDENT** ☐ Change ☒ Addition
1.2 NAME **Sheryl Albertson**
1.3 STREET ADDRESS **5094 12th Ave SW**
1.4 CITY-ST-ZIP **Naples, FL 34116**

TITLE **D** ☒ DELETE
NAME **REYNOLDS, MOIRA**
STREET ADDRESS **5440 12 AVE SW**
CITY-ST-ZIP **NAPLES FL**

2.1 TITLE **VICE PRESIDENT** ☐ Change ☒ Addition
2.2 NAME **Vicki Wilson**
2.3 STREET ADDRESS **4665 3rd Ave SW**
2.4 CITY-ST-ZIP **Naples FL 34119**

TITLE **D** ☒ DELETE
NAME **SANTORA, KIM**
STREET ADDRESS **4221 15 AVE SW**
CITY-ST-ZIP **NAPLES FL**

3.1 TITLE **SECRETARY** ☐ Change ☒ Addition
3.2 NAME **Karen Leiti**
3.3 STREET ADDRESS **4225 11th Ave SW**
3.4 CITY-ST-ZIP **Naples, FL 34116**

TITLE **D** ☒ DELETE
NAME **KLEE, KATHY**
STREET ADDRESS **187 SILVERADO DR**
CITY-ST-ZIP **NAPLES FL**

4.1 TITLE ☐ Change ☒ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

TITLE **D** ☐ DELETE
NAME **QUIRK, MARILYN**
STREET ADDRESS **3862 MIDSHORE DR**
CITY-ST-ZIP **NAPLES FL**

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 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

Marilyn Quirk

3/2/98

SECRETARY

CR2E037 (10/97)