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**NONPROFIT
CORPORATION
ANNUAL REPORT
1999**



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N40361

1. Corporation Name

THE VINEYARDS ELEMENTARY SCHOOL PARENT-TEACHER ORGANIZATION, INC.

Principal Place of Business

6225 ARBOR BLVD.
NAPLES FL 34119
US

Mailing Address

6225 ARBOR BLVD.
NAPLES FL 34119
US



2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

3. Date Incorporated or Qualified

10/12/1990

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

9. Name and Address of Current Registered Agent

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

10. Name and Address of New Registered Agent

81 Name **KEN FAIRBANKS**
82 Street Address / P.O. Box Number is Not Acceptable
6225 ARBOR BLVD W.
83 **VINEYARDS ELEMENTARY**
84 City **Naples** FL 85 **34119**

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

TITLE	PD	<input checked="" type="checkbox"/> DELETE
NAME	ALBERTSON, SHERYL	
STREET ADDRESS	5099 12TH AVE SW	
CITY-ST-ZIP	NAPLES FL 34116	
TITLE	VPD	<input checked="" type="checkbox"/> DELETE
NAME	WILSON, VICKI	
STREET ADDRESS	4665 3RD AVE SW	
CITY-ST-ZIP	NAPLES FL 34119	
TITLE	SD	<input type="checkbox"/> DELETE
NAME	LEITI, KAREN	
STREET ADDRESS	4225 11TH AVE SW	
CITY-ST-ZIP	NAPLES FL 34116	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	KLEE, KATHY	
STREET ADDRESS	197 SILVERADO DR	
CITY-ST-ZIP	NAPLES FL	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	QUIRK, MARILYN	
STREET ADDRESS	3862 MIDSHORE DR	
CITY-ST-ZIP	NAPLES FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	PRESIDENT/DIRECTOR	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	BARBARA HILL	
1.3 STREET ADDRESS	8192 LOWBANK DRIVE	
1.4 CITY-ST-ZIP	NAPLES, FL 34119	
2.1 TITLE	PRESIDENT/DIRECTOR	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	SHARON MANGAN	
2.3 STREET ADDRESS	8172 LOWBANK DRIVE	
2.4 CITY-ST-ZIP	Naples, FL 34119	
3.1 TITLE	KARA WHITE/DIRECTOR	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	KARA WHITE	
3.3 STREET ADDRESS	4800 14th AVE SW	
3.4 CITY-ST-ZIP	NAPLES, FL 34119	
4.1 TITLE	TREASURER/DIRECTOR	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	SUSAN J. NELSON	
4.3 STREET ADDRESS	5201 PALMETTO WOODS DRIVE	
4.4 CITY-ST-ZIP	Naples, FL 34119	
5.1 TITLE	DIRECTOR	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	KEN FAIRBANKS	
5.3 STREET ADDRESS	6225 ARBOR BLVD. W.	
5.4 CITY-ST-ZIP	Naples FL 34119	
6.1 TITLE	DIRECTOR	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
6.2 NAME	JAN MESSER	
6.3 STREET ADDRESS	6225 ARBOR BLVD. W.	
6.4 CITY-ST-ZIP	Naples FL 34119	

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: **X** **SIGNATURE REQUIRED**

2/11/99 941-455-3600

CR2E037 (11/98)