

# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N40531

FILED  
Apr 10, 2006  
Secretary of State

**Entity Name:** VINEYARD SOUND CONDOMINIUM ASSOCIATION, INC.

**Current Principal Place of Business:**

670 SANDY NECK LANE  
#102  
ALTAMONTE SPRINGS, FL 32714

**New Principal Place of Business:**

**Current Mailing Address:**

670 SANDY NECK LANE  
#102  
ALTAMONTE SPRINGS, FL 32714

**New Mailing Address:**

**FEI Number:** 38-3061936

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

NOTTER, TERRI  
670 SANDY NECK LANE APT. 102  
ALTAMONTE SPRINGS, FL 32714 US

**Name and Address of New Registered Agent:**

NOTTER, TERRIE  
670 SANDY NECK LANE #102  
ALTAMONTE SPRINGS, FL 32714 US

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: TERRIE NOTTER

04/10/2006

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: DT ( ) Delete  
Name: NOTTER, TERRI  
Address: 670 SANDY NECK LANE UNIT 102  
City-St-Zip: ALTAMONTE SPRINGS, FL 32714

Title: DVP ( ) Delete  
Name: BOERE, KIM  
Address: 670 SANDY NECK LN, UNIT 203  
City-St-Zip: ALTAMONTE SPRINGS, FL 32714

Title: DP ( ) Delete  
Name: PELOT, SUSAN  
Address: 670 SANDY NECK LN, UNIT 202  
City-St-Zip: ALTAMONTE SPRINGS, FL 32714

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: DT (X) Change ( ) Addition  
Name: NOTTER, TERRIE  
Address: 670 SANDY NECK LANE UNIT 102  
City-St-Zip: ALTAMONTE SPRINGS, FL 32714

Title: DS (X) Change ( ) Addition  
Name: BOERE, KIM  
Address: 670 SANDY NECK LN, UNIT 203  
City-St-Zip: ALTAMONTE SPRINGS, FL 32714

Title: DP (X) Change ( ) Addition  
Name: OGELSBY, NATE  
Address: 670 SANDY NECK LN, UNIT 201  
City-St-Zip: ALTAMONTE SPRINGS, FL 32714

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: TERRIE NOTTER

DT

04/10/2006

Electronic Signature of Signing Officer or Director

Date