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CORPORATION ANNUAL REPORT **1995**

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

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SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 APR -5 PM 2:54

DOCUMENT # N45706 (1)

1. Corporation Name

VALLEY OAK HOMEOWNERS' ASSOCIATION AT THE VINEYARDS, INC.

Principal Place of Business	Mailing Address
100 VINEYARDS BLVD. NAPLES FL 33999 US	100 VINEYARDS BLVD. NAPLES FL 33999 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 10/22/1991
3a. Date of Last Report: 04/26/1994
4. FEI Number: 65-0364256 ☐ 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
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐ **$68.75** Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 / Country 25	Zip 29 / Country 30

9. Name and Address of Current Registered Agent

VINEYARDS SERVICES INC
ATTN: BARBARA MYERS
100 VINEYARDS BLVD.
NAPLES FL 33999

10. Name and Address of New Registered Agent

81 Name: Vineyards Services, Inc.
82 Street Address (P.O. Box Number is Not Acceptable): Attn: Bill White, Property Mgr.
83: 100 Vineyards Blvd.
84 City: Naples FL 85 Zip Code: 33999

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD	1.1 TITLE	PD	☒ Change ☐ Addition
NAME	CUMMINGS, CATHERINE	1.2 NAME	James York	
STREET ADDRESS	255 MONTEREY DR	1.3 STREET ADDRESS	5845 Cloudstone Ct	
CITY-ST-ZIP	NAPLES FL	1.4 CITY-ST-ZIP	Naples, FL 33999	
TITLE	VDT	2.1 TITLE	VD	☒ Change ☐ Addition
NAME	YORK, JAMES	2.2 NAME	Harris, Larry	
STREET ADDRESS	5845 CLOUDSTONE CT	2.3 STREET ADDRESS	218 Monterey Dr.	
CITY-ST-ZIP	NAPLES FL	2.4 CITY-ST-ZIP	Naples, FL 33999	
TITLE	SD	3.1 TITLE	TD	☒ Change ☐ Addition
NAME	DAIGLE, MARIETTE	3.2 NAME	Ivener, Marty	
STREET ADDRESS	281 MONTERY DR	3.3 STREET ADDRESS	201 Silverado Dr.	
CITY-ST-ZIP	NAPLES FL	3.4 CITY-ST-ZIP	Naples, FL 33999	
TITLE		4.1 TITLE		☐ Change ☐ Addition
NAME		4.2 NAME		
STREET ADDRESS		4.3 STREET ADDRESS		
CITY-ST-ZIP		4.4 CITY-ST-ZIP		
TITLE		5.1 TITLE		☐ Change ☐ Addition
NAME		5.2 NAME		
STREET ADDRESS		5.3 STREET ADDRESS		
CITY-ST-ZIP		5.4 CITY-ST-ZIP		
TITLE		6.1 TITLE		☐ Change ☐ Addition
NAME		6.2 NAME		
STREET ADDRESS		6.3 STREET ADDRESS		
CITY-ST-ZIP		6.4 CITY-ST-ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and 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: James A York 3/30/95 353-5112
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0017701