

FILE NOW: FILING FEE IS \$61.25

FILED

Apr 04 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 # N51394

(7)

1. Corporation Name

VINEYARDS COUNTRY CLUB, INC.



Principal Place of Business

400 VINEYARDS BLVD.
NAPLES FL 33999-4701

Mailing Address

400 VINEYARDS BLVD.
NAPLES FL 34119-4701

3. Date Incorporated or Qualified
10/24/1992

3a. Date of Last Report
03/26/1996

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip
34119

25 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip
34119

30 Country

4. FEI Number
65-0061541

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

MORE, DONNA M
98 VINEYARDS BLVD
NAPLES FL 33999

81 Name

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

83

84 City

FL

85 Zip Code
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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PD ☐ DELETE
NAME PROCACCI MICHAEL
STREET ADDRESS 98 VINEYARDS BLVD.
CITY-ST-ZIP NAPLES FL 33999

TITLE VD ☐ DELETE
NAME PROCACCI, JOSEPH
STREET ADDRESS 98 VINEYARDS BLVD.
CITY-ST-ZIP NAPLES FL 33999

TITLE VD ☐ DELETE
NAME SAADEH, MICHEL
STREET ADDRESS 98 VINEYARDS BLVD
CITY-ST-ZIP NAPLES FL

TITLE VDAC ☐ DELETE
NAME PROCACCI, MARIA
STREET ADDRESS 98 VINEYARDS BLVD.
CITY-ST-ZIP NAPLES FL 33999

TITLE ST ☐ DELETE
NAME ORLANDI, MICHAEL E
STREET ADDRESS 98 VINEYARDS BLVD.
CITY-ST-ZIP NAPLES FL

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

1.1 TITLE ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

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

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 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.

SIGNATURE:

Michael E. Orlandi

March 3, 1997

941-353-1551

CR2E037 (9/96)