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FILED
Jan 23 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N51394** (7)
1. Corporation Name
VINEYARDS COUNTRY CLUB, INC.



Principal Place of Business 400 VINEYARDS BLVD. NAPLES FL 34119 US	Mailing Address 400 VINEYARDS BLVD. NAPLES FL 34119
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2. Principal Place of Business 21 Suite, Apt. #, etc. City & State 23 Zip 24 Country	2a. Mailing Address 26 Suite, Apt. #, etc. City & State 28 Zip 29 Country
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3. Date Incorporated or Qualified 10/21/1992	4. FEI Number 65-0061541	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		

9. Name and Address of Current Registered Agent MORE, DONNA M 98 VINEYARDS BLVD NAPLES FL 34119	10. Name and Address of New Registered Agent 81 Name Rogers, Robert F. 82 Street Address (P.O. Box Number is Not Acceptable) 98 Vineyards Blvd 83 84 City Naples FL 85 Zip Code 34119
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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 **Robert Rogers** DATE **1/6/97**

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	NAME	1.1 TITLE
STREET ADDRESS	1.2 NAME	1.3 STREET ADDRESS
CITY-ST-ZIP	1.4 CITY-ST-ZIP	1.5 CITY-ST-ZIP
TITLE	NAME	2.1 TITLE
STREET ADDRESS	2.2 NAME	2.3 STREET ADDRESS
CITY-ST-ZIP	2.4 CITY-ST-ZIP	2.5 CITY-ST-ZIP
TITLE	NAME	3.1 TITLE
STREET ADDRESS	3.2 NAME	3.3 STREET ADDRESS
CITY-ST-ZIP	3.4 CITY-ST-ZIP	3.5 CITY-ST-ZIP
TITLE	NAME	4.1 TITLE
STREET ADDRESS	4.2 NAME	4.3 STREET ADDRESS
CITY-ST-ZIP	4.4 CITY-ST-ZIP	4.5 CITY-ST-ZIP
TITLE	NAME	5.1 TITLE
STREET ADDRESS	5.2 NAME	5.3 STREET ADDRESS
CITY-ST-ZIP	5.4 CITY-ST-ZIP	5.5 CITY-ST-ZIP
TITLE	NAME	6.1 TITLE
STREET ADDRESS	6.2 NAME	6.3 STREET ADDRESS
CITY-ST-ZIP	6.4 CITY-ST-ZIP	6.5 CITY-ST-ZIP

1.1 TITLE	1.2 NAME	1.3 STREET ADDRESS	1.4 CITY-ST-ZIP
2.1 TITLE	2.2 NAME	2.3 STREET ADDRESS	2.4 CITY-ST-ZIP
3.1 TITLE	3.2 NAME	3.3 STREET ADDRESS	3.4 CITY-ST-ZIP
4.1 TITLE	4.2 NAME	4.3 STREET ADDRESS	4.4 CITY-ST-ZIP
5.1 TITLE	5.2 NAME	5.3 STREET ADDRESS	5.4 CITY-ST-ZIP
6.1 TITLE	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: **[Signature]** DATE: **1/6/97**

CR2E037 (10/97)