

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1999



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

FILED
Apr 22, 1999 8:00 am
Secretary of State

04-22-1999 90106 025 ****61.25

0064597

DOCUMENT # N51394

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
US



2. Principal Place of Business

2a. Mailing Address

3. Date Incorporated or Qualified

10/21/1992

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

4. FEI Number

65-0061541

Applied For

Not Applicable

22 City & State

27 City & State

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

23 Zip

Country

28 Zip

Country

6. Election Campaign Financing

\$5.00 May Be

Trust Fund Contribution

Added to Fees

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

ROGERS, ROBERT F
98 VINEYARDS BLVD
NAPLES FL 34119

81 Name

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

83

84 City

FL

85 Zip Code

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 ☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 ☐ Change ☐ Addition

TITLE PD
NAME PROCACCI MICHAEL
STREET ADDRESS 98 VINEYARDS BLVD.
CITY-ST-ZIP NAPLES FL 34119

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

TITLE VD
NAME PROCACCI, JOSEPH
STREET ADDRESS 98 VINEYARDS BLVD.
CITY-ST-ZIP NAPLES FL 34119

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

TITLE VD
NAME SAADEH, MICHEL
STREET ADDRESS 98 VINEYARDS BLVD
CITY-ST-ZIP NAPLES FL 34119

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

TITLE VDAS
NAME PROCACCI, MARIA
STREET ADDRESS 98 VINEYARDS BLVD.
CITY-ST-ZIP NAPLES FL 34119

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

TITLE ST
NAME LACHINE, TOM
STREET ADDRESS 98 VINEYARDS BLVD
CITY-ST-ZIP NAPLES FL 34119

5.1 TITLE ☐ Change ☒ Addition
5.2 NAME ST
5.3 STREET ADDRESS PROCACCI, MARIA
5.4 CITY-ST-ZIP 98 VINEYARDS BLVD
NAPLES, FL 34119

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition
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)(l), 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

MICHAEL PROCACCI 4/12/99 941-353-1531

Date

Daytime Phone #

CR2E037 (11/98)