2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 02, 2004
Secretary of State

DOCUMENT# N51394

Entity Name: VINEYARDS COUNTRY CLUB, INC.

Current Principal Place of Business:

400 VINEYARDS BLVD.
NAPLES, FL 34119 US

New Principal Place of Business:

Current Mailing Address:

400 VINEYARDS BLVD.
NAPLES, FL 34119 US

New Mailing Address:

FEI Number: 65-0061541 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

ROGERS, ROBERT F
75 VINEYARDS BLVD.
NAPLES, FL 34119 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

Title: PD ( ) Delete
Name: PROCACCI MICHAEL,
Address: 98 VINEYARDS BLVD.
City-St-Zip: NAPLES, FL 34119

Title: VD ( ) Delete
Name: PROCACCI, JOSEPH
Address: 98 VINEYARDS BLVD.
City-St-Zip: NAPLES, FL 34119

Title: VD ( ) Delete
Name: SAADEH, MICHEL
Address: 98 VINEYARDS BLVD
City-St-Zip: NAPLES, FL 34119

Title: VDAS ( ) Delete
Name: PROCACCI, MARIA
Address: 98 VINEYARDS BLVD.
City-St-Zip: NAPLES, FL 34119

Title: ST ( ) Delete
Name: PROCACCI, MARIA
Address: 98 VINEYARD BLVD
City-St-Zip: NAPLES, FL 34119

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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: MARIA PROCACCI S 07/02/2004

Electronic Signature of Signing Officer or Director Date