

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 02, 2005 8:00 am
Secretary of State

05-02-2005 90494 046 ****61.25

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04132005 Chg-NP CR2E037 (10/03)

DOCUMENT # N93000000138 1. Entity Name VINEYARDS ARBOR GLEN HOMEOWNERS ASSOCIATION, INC.					
Principal Place of Business 75 VINEYARDS BLVD. THIRD FLOOR NAPLES, FL 34119 US			Mailing Address 75 VINEYARDS BLVD. THIRD FLOOR NAPLES, FL 34119 US		
2. Principal Place of Business <i>do Resort Management</i> Suite, Apt. #, etc. 2685 Horseshoe Dr.S. #215			3. Mailing Address <i>do Resort Management</i> Suite, Apt. #, etc. 2685 Horseshoe Dr.S. #215		
City & State Naples, FL		City & State Naples, FL		4. FEI Number 65-0449417	
Zip 34104		Country Collier		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent PMP OF SW FL, INC. 75 VINEYARDS BLVD., THIRD FLOOR NAPLES, FL 34119				7. Name and Address of New Registered Agent Name <i>Diana Alexich</i> Street Address (P.O. Box Number is Not Acceptable) 6644 Glen Arbor Way City <i>Naples</i> FL Zip Code <i>34119</i>	
8. 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. I am familiar with, and accept the obligations of registered agent. SIGNATURE <i>Diana Alexich</i> DATE <i>4/22/05</i> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
Filing Fee is \$61.25 Due by May 1, 2005		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		Make check payable to Florida Department of State	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P EASTBURN, GREG 6608 GLEN ARBOR WAY NAPLES, FL 34119	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Alexich, Diana 6644 Glen Arbor Way Naples, FL 34119	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BONAVICO, ANTHONY 6647 GLEN ARBOR WAY NAPLES, FL 34119	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP GALLICHANT, THOMAS 6619 GLEN ARBOR WAY NAPLES, FL 34119	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S CONNELLY, JOHN J 6648 GLEN ARBOR WAY NAPLES, FL 34119	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T ANDERSON, JACK 6620 GLEN ARBOR WAY NAPLES, FL 34119	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.					
SIGNATURE: <i>Diana Alexich</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			Date <i>4/22/05</i> Daytime Phone #		