

# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 02, 2006 8:00 am**  
**Secretary of State**

05-02-2006 90162 018 \*\*\*\*61.25

<b>DOCUMENT # N93000000138</b>					
<b>1. Entity Name</b> VINEYARDS ARBOR GLEN HOMEOWNERS ASSOCIATION, INC.					
<b>Principal Place of Business</b> C/O RESORT MANAGEMENT 2685 HORSESHOE DRIVE SOUTH. #215 NAPLES, FL 34104 US			<b>Mailing Address</b> C/O RESORT MANAGEMENT 2685 HORSESHOE DRIVE SOUTH. #215 NAPLES, FL 34104 US		
<b>2. Principal Place of Business</b> 9411 Cypress Lakes Drive Suite, Apt. #, etc. <b>Suite 2</b> City & State <b>Fort Myers, FL</b> Zip <b>33919</b>		<b>3. Mailing Address</b> 9411 Cypress Lake Drive Suite, Apt. #, etc. <b>Suite 2</b> City & State <b>Fort Myers, FL</b> Zip <b>33919</b>			
Country <b>USA</b>		Country <b>USA</b>		03152006 Chg-NP CR2E037 (11/05)	
<b>4. FEI Number</b> 65-0449417				Applied For <input type="checkbox"/> Not Applicable	
<b>5. Certificate of Status Desired</b> <input type="checkbox"/>				<b>\$8.75 Additional Fee Required</b>	
<b>6. Name and Address of Current Registered Agent</b> ALEXICH, DIANA 6644 GLEN ARBOR WAY NAPLES, FL 34119			<b>7. Name and Address of New Registered Agent</b> Name <b>Bob Gelles c/o Schoo Management, Inc</b> Street Address (P.O. Box Number is Not Acceptable) <b>9411-2 Cypress Lake Drive</b> City <b>Fort Myers</b>		
State <b>FL</b>			Zip Code <b>33919</b>		
<b>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.</b>					
SIGNATURE <u>Robert E. Gelles</u> <u>Robert E. Gelles</u> <u>4/26/06</u> <small>Signature, typed or printed name of registered agent and the applicable (F.O.E. Registered Agent's signature required when constituting)</small>					
<b>Filing Fee is \$61.25 Due by May 1, 2006</b>		<b>9. Election Campaign Financing</b> <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
<b>Make check payable to Florida Department of State</b>					
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>		
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY - ST - ZIP</b>	<b>T</b> ALEXICH, DIANA 6644 GLEN ARBOR WAY NAPLES, FL 34119	<input type="checkbox"/> Delete	<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY - ST - ZIP</b>	<b>T</b> Michael Reed 6668 Glen Arbor Way Naples, FL 34119	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY - ST - ZIP</b>	<b>D</b> BONAVICO, ANTHONY 6647 GLEN ARBOR WAY NAPLES, FL 34119	<input type="checkbox"/> Delete	<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY - ST - ZIP</b>	<b>D</b> Donald Comin 6643 Glen Arbor Way Naples, FL 34119	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY - ST - ZIP</b>	<b>VP</b> GALLICHANT, THOMAS 6619 GLEN ARBOR WAY NAPLES, FL 34119	<input type="checkbox"/> Delete	<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY - ST - ZIP</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY - ST - ZIP</b>	<b>S</b> CONNELLY, JOHN J 6648 GLEN ARBOR WAY NAPLES, FL 34119	<input type="checkbox"/> Delete	<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY - ST - ZIP</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY - ST - ZIP</b>	<input type="checkbox"/> Delete		<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY - ST - ZIP</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY - ST - ZIP</b>	<input type="checkbox"/> Delete		<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY - ST - ZIP</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 I'm empowered.</b>					
<b>SIGNATURE:</b> <u>Diana Alexich</u> <u>4-26-06</u> <u>(239) 481-4700</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Day-Mc Phone #</small>					