

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N93000000138

FILED
Apr 23, 2009
Secretary of State

Entity Name: VINEYARDS ARBOR GLEN HOMEOWNERS ASSOCIATION, INC.

Current Principal Place of Business:

9411 CYPRESS LAKES DR
SUITE 2
FORT MYERS, FL 33919 US

New Principal Place of Business:

Current Mailing Address:

9411 CYPRESS LAKES DR
SUITE 2
FORT MYERS, FL 33919 US

New Mailing Address:

FEI Number: 65-0449417 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

GELLES, BOB
C/O SCHOO MANAGEMENT
9411-2 CYPRESS LAKE DR
FORT MYERS, FL 33919 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: P () Delete
Name: JEWELL, THOMAS DR
Address: 8596 GLEN ARBOR WAY
City-St-Zip: NAPLES, FL 34119

Title: D () Delete
Name: BONAVIDA, ANTHONY
Address: 6647 GLEN ARBOR WAY
City-St-Zip: NAPLES, FL 34119

Title: VP () Delete
Name: GALLICANT, THOMAS
Address: 6619 GLEN ARBOR WAY
City-St-Zip: NAPLES, FL 34119

Title: S () Delete
Name: CONNELLY, JOHN J
Address: 6648 GLEN ARBOR WAY
City-St-Zip: NAPLES, FL 34119

Title: T (X) Delete
Name: REED, MICHAEL
Address: 6668 GLEN ARBOR WAY
City-St-Zip: NAPLES, FL 34119

Title: D (X) Delete
Name: COMIN, DONALD
Address: 6643 GLEN ARBOR WAY
City-St-Zip: NAPLES, FL 34119

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: VP (X) Change () Addition
Name: JEWELL, THOMAS DR
Address: 6596 GLEN ARBOR WAY
City-St-Zip: NAPLES, FL 34119

Title: S (X) Change () Addition
Name: VAN NESS, ALBERT
Address: 6655 GLEN ARBOR WAY
City-St-Zip: NAPLES, FL 34119

Title: P (X) Change () Addition
Name: GALLICANT, THOMAS
Address: 6619 GLEN ARBOR WAY
City-St-Zip: NAPLES, FL 34119

Title: T (X) Change () Addition
Name: ALEXICH, MILT
Address: 6644 GLEN ARBOR WAY
City-St-Zip: NAPLES, FL 34119

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 exemption stated 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 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: ROBERT E GELLES

CAM

04/23/2009

Electronic Signature of Signing Officer or Director

Date