

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 10, 2006 8:00 am
Secretary of State

01-10-2006 90027 011 ****61.25

DOCUMENT # N93000001141					
1. Entity Name VINELAND OAKS HOMEOWNERS ASSOCIATION, INC.					
Principal Place of Business 8130 VINELAND OAKS BLVD ORLANDO, FL 32835 US			Mailing Address 8202 VINELAND OAKS BLVD. ORLANDO, FL 32835 US		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 59-3179987	
Zip		Country		Zip	
Country		Country		5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent WYRE, MIKE 8202 VINELAND OAKS BLVD. ORLANDO, FL 32835			7. Name and Address of New Registered Agent Name <u>WYRE, MIKE</u> Street Address (P.O. Box Number is Not Acceptable) <u>8202 VINELAND OAKS BLVD</u> City <u>ORLANDO</u> <u>FL</u> Zip Code <u>32835</u>		
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 <u>Michael WYRE</u> <u>Michael Wyre</u> <u>1-6-06</u> Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when re-registering.) DATE					
Filing Fee is \$61.25 Due by May 1, 2006		9. Election Campaign Financing Trust Fund Contribution. ☐ \$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	D LORENZ, RAYMOND 8130 VINELAND OAKS BLVD ORLANDO, FL 32835	☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D WYRE, MIKE 8202 VINELAND OAKS BLVD ORLANDO, FL 32835	☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	D WYRE, MIKE ☒ Change ☐ Addition 8202 VINELAND OAKS BLVD ORLANDO, FL 32835	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D FERRARO, ANTHONY 8232 VINELAND OAKS BLVD ORLANDO, FL 32835	☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D MILLER, ROBERT 8131 VINELAND OAKS BLVD. ORLANDO, FL 32835	☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D DINSDALE, ERIC 8124 VINELAND OAKS BLVD ORLANDO, FL 32835	☒ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	D LOPES, LOURENCO ☐ Change ☒ Addition 8101 VINELAND OAKS BLVD ORLANDO, FL 32835	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete	☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition	
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 like empowered.					
SIGNATURE: <u>Michael Wyre</u>			<u>1-6-06</u> <u>407-521-8028</u>		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date Daytime Phone #		