2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 12, 2007
Secretary of State

DOCUMENT# N93000001141

Entity Name: VINELAND OAKS HOMEOWNERS ASSOCIATION, INC.

Current Principal Place of Business:

8130 VINELAND OAKS BLVD
ORLANDO, FL 32835 US

New Principal Place of Business:

Current Mailing Address:

8202 VINELAND OAKS BLVD.
ORLANDO, FL 32835 US

New Mailing Address:

FEI Number: 59-3179987 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

WRYE, MIKE
8202 VINELAND OAKS BLVD.
ORLANDO, FL 32835 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: D ( ) Delete
Name: LORENZ, RAYMOND
Address: 8130 VINELAND OAKS BLVD
City-St-Zip: ORLANDO, FL 32835

Title: D ( ) Delete
Name: WRYE, MIKE
Address: 8202 VINELAND OAKS BLVD
City-St-Zip: ORLANDO, FL 32835

Title: D ( ) Delete
Name: FERRARO, ANTHONY
Address: 8232 VINELAND OAKS BLVD
City-St-Zip: ORLANDO, FL 32835

Title: D ( ) Delete
Name: MILLER, ROBERT
Address: 8131 VINELAND OAKS BLVD.
City-St-Zip: ORLANDO, FL 32835

Title: D ( ) Delete
Name: LOPEZ, LOURENCO
Address: 8101 VINELAND OAKS BLVD
City-St-Zip: ORLANDO, FL 32835

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: D (X) Change ( ) Addition
Name: LOPES, LOURENCO
Address: 8101 VINELAND OAKS BLVD.
City-St-Zip: ORLANDO, FL 32835

Title: D (X) Change ( ) Addition
Name: MILLER, ROBERT
Address: 8131 VINELAND OAKS BLVD
City-St-Zip: ORLANDO, FL 32835 US

I hereby certify that the information supplied with this filing does not qualify for the 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: MIKE WRYE PRES 02/12/2007

Electronic Signature of Signing Officer or Director — Date