2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 11, 2005
Secretary of State

DOCUMENT# N94000005596

Entity Name: THE VINEYARDS OF PORT ORANGE HOMEOWNERS ASSOCIATION, INC.

Current Principal Place of Business:

2180 WEST SR 434
SUITE 5000
LONGWOOD, FL 322795044

New Principal Place of Business:

Current Mailing Address:

2180 WEST SR 434
SUITE 5000
LONGWOOD, FL 322795044

New Mailing Address:

FEI Number: 59-3327480 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

HART, JAMES W JR.
SENTRY MANAGEMENT, INC.
2180 WEST SR 434, SUITE 5000
LONGWOOD, FL 327795044 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: SD ( ) Delete
Name: HENDERSON, ROBERT
Address: 1492 SURREY PARK DR
City-St-Zip: PORT ORANGE, FL

Title: PD ( ) Delete
Name: BROWN, GENO
Address: 1500 SURRY PARK DRIVE
City-St-Zip: PORT ORANGE, FL 32124

Title: D ( ) Delete
Name: SLOAN, LORA
Address: 5496 ST REGIS WAY
City-St-Zip: PORT ORANGE, FL 32124

Title: TD ( ) Delete
Name: MAGARGEE, MIKE
Address: 1497 SURREY PARK DR
City-St-Zip: PORT ORANGE, FL 32124

Title: ( ) Delete
Name:
Address:
City-St-Zip:

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: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: D ( ) Change (X) Addition
Name: MOELLER, KATHRYN
Address: 1490 NAPPA DR
City-St-Zip: PORT ORANGE, FL 32124

I hereby certify that the information supplied with this filing does not qualify for the 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 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: GENO BROWN PD 04/11/2005

Electronic Signature of Signing Officer or Director — Date