


# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**DOCUMENT # N94000005596**


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



FILED

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04-30-2007 90858031  
6125



Principal Place of Business  
2180 WEST SR 434  
SUITE 5000  
LONGWOOD, FL 32279-5044

Mailing Address  
2180 WEST SR 434  
SUITE 5000  
LONGWOOD, FL 32279-5044

2. Principal Place of Business - No P.O. Box #  
*1190 Pelican Bay Drive*

3. Mailing Address  
*1190 Pelican Bay Drive*

Suite, Apt. #, etc.

04262007 Chg-NP CR2E037 (12/06)

4. FEI Number  
**59-3327480**

Applied For  
 Not Applicable

City & State  
*Daytona Beach FL*

City & State  
*Daytona Beach FL*

Zip  
*32119*

Country  
*Volusia*

Zip  
*32119*

Country  
*Volusia*

5. Certificate of Status Desired  **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

Name *Michele Barkin*

Street Address (P.O. Box Number is Not Acceptable)  
*1190 Pelican Bay Dr*

City *Daytona Beach* **FL** Zip Code *32119*

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 *Michele Barkin* DATE *7/25/07*

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**Filing Fee is \$61.25 Due by May 1, 2007**

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	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD HENDERSON, ROBERT 1492 SURREY PARK DR PORT ORANGE, FL <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD BROWN, GENO 1500 SURREY PARK DRIVE PORT ORANGE, FL 32124 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD MAGARGEE, MIKE 1497 SURREY PARK DR PORT ORANGE, FL 32124 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MOELLER, KATHRYN 1490 NAPPA DR PORT ORANGE, FL 32124 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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: *Michele Barkin* DATE: *7/25/07 (386) 756-3032*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

7/28/06