

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED
Feb 04, 2008
Secretary of State**

DOCUMENT# N94000005596

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

Current Principal Place of Business:

1190 PELICAN BAY DRIVE
DAYTONA BEACH, FL 32119

New Principal Place of Business:

Current Mailing Address:

1190 PELICAN BAY DRIVE
DAYTONA BEACH, FL 32119

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:

BARKIN, MICHELE
1190 PELICAN BAY DRIVE
DAYTONA BEACH, FL 32119 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 SURREY PARK DRIVE
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: D (X) Delete
Name: MOELLER, KATHRYN
Address: 1490 NAPPA DR
City-St-Zip: PORT ORANGE, FL 32124

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: SD (X) Change () Addition
Name: DARR, LEE
Address: 1484 SURREY PARK DR
City-St-Zip: PORT ORANGE, FL

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

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: GENO BROWN

PD

02/04/2008

Electronic Signature of Signing Officer or Director

_____ Date