

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 11, 2006 8:00 am
Secretary of State

05-11-2006 90238 025 ****61.25

DOCUMENT # N98000001975 1. Entity Name VINEYARDS TERRACINA HOMEOWNERS' ASSOCIATION, INC.			
Principal Place of Business ADVANCED PROPERTY MGMT 3350 WOOD S EDGE CIRCLE STE 104 BONITA SPRINGS, FL 34134		Mailing Address ADVANCED PROPERTY MGMT 3350 WOOD S EDGE CIRCLE STE 104 BONITA SPRINGS, FL 34134	
2. Principal Place of Business Advanced Property Management Service, Inc. Suite, Apt. #, etc. 1035 Collier Center Way, #7 City, State, Zip Naples, FL 34110		3. Mailing Address Advanced Property Management Service, Inc. Suite, Apt. #, etc. 1035 Collier Center Way, #7 City, State, Zip Naples, FL 34110	
4. FEI Number 59-3516620		Chg-NP CR2E037 (11/05)	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required		Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent THOMPSON, SUSAN L ADVANCED PROPERTY MGMT 3350 WOODS EDGE CIRCLE STE 104 BONITA SPRINGS, FL 34134		7. Name and Address of New Registered Agent Advanced Property Management Service, Inc. 1035 Collier Center Way, #7 Naples, FL 34110	
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, to the State of Florida. I am familiar with, and accept the obligations of registered agent. SIGNATURE <u><i>Susan L. Thompson</i></u> <u><i>SUSAN L. THOMPSON</i></u> <small>Signature, typed or printed name of registered agent and title, if applicable. (NOTE: Registered Agent signature required when reinstating.) DATE</small>			
Filing Fee is \$61.25 Due by May 1, 2006		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$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	PD MAMBUCA, FRANK 478 TERRA VISTA CT NAPLES, FL 34119	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DVP MASSEY, MARK 416 TERRACINA WAY NAPLES, FL 34119	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DS O'DELL, SCOTT 444 TERRACINA WAY NAPLES, FL 34119	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DT TURNER, ROBERT 487 TERRACINA WAY NAPLES, FL 34119	<input checked="" type="checkbox"/> Delete	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D SALVATORE, GUY 482 TERRA VISTA CT NAPLES, FL 34119	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DT. DOWNER, TERRENCE 395 TERRACINA WAY NAPLES, FL 34119	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete	<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: <u><i>F. Mank</i></u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		Date <u>4/17/06</u> Daytime Phone # <u>239 348-7729</u>	