


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 20, 2007 8:00 am
Secretary of State

07-20-2007 90017 028 ****61.25

DOCUMENT # N98000001975	
1. Entity Name VINEYARDS TERRACINA HOMEOWNERS' ASSOCIATION, INC.	

Principal Place of Business C/O ADVANCED PROPERTY MGMT SVC, INC 1035 COLLIER CENTER WAY SUITE 7 NAPLES, FL 34110	Mailing Address C/O ADVANCED PROPERTY MGMT SVC, INC 1035 COLLIER CENTER WAY SUITE 7 NAPLES, FL 34110
--	--

2. Principal Place of Business - No P.O. Box # P.M.P. of SW Florida, Inc.	3. Mailing Address P.M.P. of SW Florida, Inc.
---	---

Suite, Apt. #, etc. 75 Vineyards Blvd. 3rd Fl.	Suite, Apt. #, etc. 75 Vineyards Blvd. 3rd Fl.
--	--

City & State Naples, FL	City & State Naples, FL
-----------------------------------	-----------------------------------

Zip 34119	Country USA	Zip 34119	Country USA
---------------------	-----------------------	---------------------	-----------------------



07102007 Chg-NP CR2E037 (12/06)

4. FEI Number 59-3516620	Applied For <input type="checkbox"/> Not Applicable
------------------------------------	--

5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
---	---------------------------------------

6. Name and Address of Current Registered Agent THOMPSON, SUSAN L ADVANCED PROPERTY MGMT SVC, INC 1035 COLLIER CENTER WAY SUITE 7 NAPLES, FL 34110	
--	--

7. Name and Address of New Registered Agent Name Anthony Tirella Street Address (P.O. Box Number is Not Acceptable) P.M.P. of SW Florida, Inc. 75 Vineyards Blvd., 3rd Floor City Naples, FL Zip Code 34119	
--	--

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

Filing Fee is \$61.25 Due by September 14, 2007	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	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD MAMBUCA, FRANK 478 TERRA VISTA CT NAPLES, FL 34119 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVP MASSEY, MARK 416 TERRACINA WAY NAPLES, FL 34119 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS O'DELL, SCOTT 444 TERRACINA WAY NAPLES, FL 34119 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DT DOWNER, TERRENCE 395 TERRACINA WAY NAPLES, FL 34119 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SALVATORE, GUY 482 TERRA VISTA CT NAPLES, FL 34119 <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	DS Tremblay, Pete 435 Terracina Way Naples, FL 34119 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input checked="" 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	DVP <input checked="" 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: *Terry Downer* **Terry Downer** 7/16 239-353-1992
SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #