2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # N98000001975

1. Entity Name
VINEYARDS TERRACINA HOMEOWNERS'
ASSOCIATION, INC.



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

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

Principal Place of Business
C/O ADVANCED PROPERTY MGMT SVC, INC.
1035 COLLIER CENTER WAY SUITE 7
MADIES EL 3/110

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

1035 COLLIER CENTER WAY SUITE 7 NAPLES, FL 34110 1035 COLLIER CENTER WAY SUITE 7 NAPLES, FL 34110												
		ess - No P.O. Box # Florida, Inc.	3. Mailing Address P.M.P. of SV	3. Mailing Address P.M.P. of SW Florida,Inc.							1116 16 1 18391	
Suite, Apt.	Suite, Apt. #, etc.	• •				Chg-NP	•	CR2E	37 (12/06)			
75 Vine			Vineyards Blvd. 3rd F1.							1 1	polied For	
City & Stat			City & State				4. FEI Numbe 59-351					pplied For ot Applicable
Naples,	— <u>#L</u>	Country	Naples, FL	ntry \$8:								
34119		34119	USA			5. Certificate of Status Desired \$8.75 Additional Fee Required						
	6. Name	and Address of Current F		· · · · · ·	7. Name and	Address o	f New Re	gistered	Agent			
THOMBCO	NI CLICA	NI I			Name A	ntho	ny Tirel	.1a				
THOMPSO	,	N L RTY MGMT SVC.INC	•				-		ceptable)			
		TER WAY SUITE 7	,		P.M.E	of.	SW Flor	ida, J	Inc.			
NAPLES, I					75 Vineyards Blvd., 3rd Floor							
					City Naple					FI	Zip Cor	34119
8. The above	named entit	y submits this statement for	the purpose of changing it	s register			ed agent, or bot	th, in the Sta	ate of Flori			
	ions of regist			J								
	At a.	10 1 01	2									
SIGNATURE .	an	ye you	<u> </u>									
	Signature, typed	or printed name of registered agent a	nd litte it applicable. (NO	TE Registere	1 Agent signati	behivper shu	when reinstating)			DATE		
Filing Fee is \$61.25 9. Election Campaign F					-		\$5.00 May B	e			ck payable irtment of S	
200 by Coptombo 14, 2007							Added to 1 665			Форо		
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TITLE	MAMBUC 478 TERF			TITLE NAM STRE	l l	Α	DDITIONS/CH	ANGES TO	OFFICER:	S AND D		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MAMBUC 478 TERF	A, FRANK RA VISTA CT	☐ Delete	TITLE NAM STRE CITY	ET ADDRESS ST-ZIP	DS	DDITIONS/CH	ANGES TO	OFFICER:	S AND C	☐ Change	☐ Addition
TITLE NAME STREET ADDRESS	MAMBUC 478 TERF NAPLES,	A, FRANK RA VISTA CT FL 34119		TITLE NAM STRE	ET ADDRESS ST-ZIP	DS			OFFICER	S AND C		
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12. Thereby certify that the information supplied with this filling 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.

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GRATURE AND TYPES OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7/16

239-353-1992

Daytime Phone #