

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N98000005101

FILED
Apr 07, 2008
Secretary of State

Entity Name: THE VININGS HOMEOWNERS ASSOCIATION, INC.

Current Principal Place of Business:

463499 SR 200
YULEE, FL 32097

New Principal Place of Business:

Current Mailing Address:

PO BOX 1987
YULEE, FL 320411987

New Mailing Address:

FEI Number: 59-3617853

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

PROPERTY MANAGEMENT SYSTEMS INC
463499 SR 200
YULEE, FL 32097 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: PD () Delete
Name: SEXTON, DANNY
Address: 513 WHITE JASMINE WAY
City-St-Zip: JACKSONVILLE, FL 32259

Title: D () Delete
Name: PICHANICK, JANETTE
Address: 400 SWEET JASMINE WAY
City-St-Zip: JACKSONVILLE, FL 32259

Title: TD () Delete
Name: MARTIN, JOSEPH
Address: 221 CAROLINA JASMINE LANE
City-St-Zip: JACKSONVILLE, FL 32259

Title: VPD () Delete
Name: KARAGINIS, CHRIS
Address: 212 CAROLINA CASMINE LANE
City-St-Zip: JACKSONVILLE, FL 32259

Title: SD () Delete
Name: MOSELEY, SUSAN
Address: 273 CAROLINA JASMINE LANE
City-St-Zip: JACKSONVILLE, FL 32259

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: MARTIN, JOSEPH
Address: 221 CAROLINA JASMINE WAY
City-St-Zip: JACKSONVILLE, FL 32259

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

Title: STD (X) Change () Addition
Name: HOOD, CHRISTOPHER S
Address: 517 WHITE JASMINE WAY
City-St-Zip: JACKSONVILLE, FL 32259

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

Title: D (X) Change () Addition
Name: MOSELEY, SUSAN
Address: 273 CAROLINA JASMINE LANE
City-St-Zip: JACKSONVILLE, FL 32259

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: TERRELL J POWELL

RA

04/07/2008

Electronic Signature of Signing Officer or Director

Date