

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 16, 2005 08:00 AM
Secretary of State

DOCUMENT # N99000001368

1. Entity Name

V-MAX OWNERS ASSOCIATION, INC.



Principal Place of Business

286 DEBRA STREET
INGLIS FL 34449
US

Mailing Address

P.O. BOX 395
INGLIS FL 34449

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

1st MOORE

CR2E037 (10/04)

4. FEI Number

59-3562710

Applied For

Not Applicable

5. Certificate of Status Desired

☒ \$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

WINGERTER, SCOTT L
286 DEBRA STREET
INGLIS FL 34449

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.25
Due By May 1, 2005

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$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 P
NAME SAYERS, MICHAEL ☐ Delete
STREET ADDRESS 202 NELSON CT
CITY- ST- ZIP CLAYTON NC 27520

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY- ST- ZIP 04/16/05-80035-023 70.00

TITLE T
NAME WINGERTER, SCOTT L ☐ Delete
STREET ADDRESS 286 DEBRA STREET
CITY- ST- ZIP INGLIS FL 34449

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY- ST- ZIP

TITLE V
NAME LANE, KELVIN ☐ Delete
STREET ADDRESS 3840 E STATE RD 28
CITY- ST- ZIP FRANKFORT IN 46041

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY- ST- ZIP

TITLE D
NAME MILWEE, MARK ☐ Delete
STREET ADDRESS 19824 MERCEDDELL DR
CITY- ST- ZIP PORTER TX 77365

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY- ST- ZIP

TITLE D
NAME FERRAIUOLO, DAMON ☐ Delete
STREET ADDRESS 20931 PARKWOODS DR
CITY- ST- ZIP SOUTH LYON MI 48178

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY- ST- ZIP

TITLE D
NAME HASSERT, SHANE ☐ Delete
STREET ADDRESS 578 SUNDISK DR
CITY- ST- ZIP LOVELAND CO 80538

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY- ST- ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: Scott L Wingerter 4/13/05 352 447 2662

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #