

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 27, 2006 8:00 am
Secretary of State

02-27-2006 90062 044 ****70.00

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

4. FEI Number

59-3562710

Applied For

Not Applicable

5. Certificate of Status Desired



**\$8.75 Additional
Fee Required**

1st MOORE

CR2E037 (10/05)

6. Name and Address of Current Registered Agent

**WINGERTER, SCOTT L
286 DEBRA STREET
INGLIS FL 34449**

7. Name and Address of New Registered Agent

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, 2006**

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

TITLE ☒ Delete
NAME **P SAYERS, MICHAEL**
STREET ADDRESS **202 NELSON CT**
CITY-ST-ZIP **CLAYTON NC 27520**

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

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

TITLE ☒ Delete
NAME **MILWEE, MARK**
STREET ADDRESS **19824 MERCEDELL DR**
CITY-ST-ZIP **PORTER TX 77365**

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

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☐ Addition
NAME **P KELVIN LANE**
STREET ADDRESS **4020 S. County Rd O EW**
CITY-ST-ZIP **Franklin IN 46041**

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

TITLE ☒ Change ☐ Addition
NAME **V Don Bricker**
STREET ADDRESS **1392 Gary Dr.**
CITY-ST-ZIP **Mansfield OH 44903**

TITLE ☒ Change ☐ Addition
NAME **D Walter Bishop**
STREET ADDRESS **1050 S Cooper Dr**
CITY-ST-ZIP **Deltona FL 32725**

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

TITLE ☒ Change ☐ Addition
NAME **D Mark Milne**
STREET ADDRESS **3280 S 131 st Circle**
CITY-ST-ZIP **Omaha NE 68144**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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:

Scott L Wingerter Treasurer 2/16/06 352 447 2662