

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 23, 2007 08:00 AM
Secretary of State

DOCUMENT # N99000001368

1. Entity Name

V-MAX OWNERS ASSOCIATION, INC.



Principal Place of Business

Mailing Address

286 DEBRA STREET
INGLIS FL 34449
US

P.O. BOX 395
INGLIS FL 34449



2. Principal Place of Business - No P.O. Box #

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 (10/06)

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, 2007

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 NAME P LANE, KELVIN
STREET ADDRESS 4020 S. COUNTY RD. O EW
CITY-STATE-ZIP FRANKFORT IN 46041 ☐ Delete

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

TITLE NAME V BRICKER, DON
STREET ADDRESS 1392 GARY DR
CITY-STATE-ZIP MANSFIELD OH 44903 ☐ Delete

TITLE NAME D BISHOP, WALTER
STREET ADDRESS 1050 S. COOPER DR
CITY-STATE-ZIP DELTONA FL 32725 ☐ Delete

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

TITLE NAME D MILNE, MARK
STREET ADDRESS 3280 S 131 ST CIRCLE
CITY-STATE-ZIP OMAHA NE 68144 ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME ☐ Change ☐ Addition
STREET ADDRESS 000000725209
CITY-STATE-ZIP 05/03/07-80013-005 70.00

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

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CITY-STATE-ZIP

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

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:

[Signature]

SCOTT WINGERTER 4-19-07 352-447-2662