2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 23, 2009
Secretary of State

DOCUMENT# N99000001368

Entity Name: V-MAX OWNERS ASSOCIATION, INC.

Current Principal Place of Business:

286 DEBRA STREET
INGLIS, FL 34449 US

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 395
INGLIS, FL 34449

New Mailing Address:

FEI Number: 59-3562710 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

WINGERTER, SCOTT L
286 DEBRA STREET
INGLIS, FL 34449 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:	P	( ) Delete
Name:	LANE, KELVIN	
Address:	4020 S. COUNTY RD. O EW	
City-St-Zip:	FRANKFORT, IN 46041	
Title:	T	( ) Delete
Name:	WINGERTER, SCOTT L	
Address:	286 DEBRA STREET	
City-St-Zip:	INGLIS, FL 34449 US	
Title:	V	( ) Delete
Name:	PILLON, PAUL T	
Address:	325 W MANANA RD	
City-St-Zip:	CLOVIS, NM 88101	
Title:	D	( ) Delete
Name:	BISHOP, WALTER	
Address:	1050 S. COOPER DR	
City-St-Zip:	DELTONA, FL 32725	
Title:	D	( ) Delete
Name:	FERRAIUOLO, DAMON	
Address:	20931 PARKWOODS DR	
City-St-Zip:	SOUTH LYON, MI 48178	
Title:	D	( ) Delete
Name:	MILNE, MARK	
Address:	3280 S 131 ST CIRCLE	
City-St-Zip:	OMAHA, NE 68144	

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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: SCOTT L WINGERTER T 04/23/2009

Electronic Signature of Signing Officer or Director — Date