

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 14, 2003 8:00 am
Secretary of State

04-14-2003 90949 022 ****70.00

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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**

☐ CHECK HERE IF MAKING CHANGES



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

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	<input type="checkbox"/> Delete
NAME	SAYERS, MICHAEL	
STREET ADDRESS	189 GALILEE RD	
CITY-ST-ZIP	SMITHFIELD NC 27577	
TITLE	T	<input type="checkbox"/> Delete
NAME	WINGERTER, SCOTT L	
STREET ADDRESS	286 DEBRA STREET	
CITY-ST-ZIP	INGLIS FL 34449	
TITLE	D	<input type="checkbox"/> Delete
NAME	HARNISH, ERIC	
STREET ADDRESS	1056 PIONEER DR	
CITY-ST-ZIP	DELTONA FL 32725	
TITLE	D	<input type="checkbox"/> Delete
NAME	HATHAWAY, VERNON	
STREET ADDRESS	676 HARBOR DR N	
CITY-ST-ZIP	AZLE TX 76020	
TITLE	D	<input type="checkbox"/> Delete
NAME	AVERY, DERRICK J	
STREET ADDRESS	27 EMS T32 LANE	
CITY-ST-ZIP	LEESBURG IN 46538	
TITLE	D	<input type="checkbox"/> Delete
NAME	HASSETT, SHANE	
STREET ADDRESS	578 SUNDISK DR	
CITY-ST-ZIP	LOVELAND CO 80538	

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and correct, 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** TREAS 4-14-03 147-2062

CR2E037 (10/02)