

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 07, 2008 8:00 am
Secretary of State

04-07-2008 90041 015 ****61.25

DOCUMENT # N99000001761					
1. Entity Name THE VINEYARDS AT WESTCHASE OWNERS ASSOCIATION, INC.					
Principal Place of Business 3974 TAMPA ROAD B OLDSMAR, FL 34677			Mailing Address GREENACRE PROPERTIES INC 4131 GVNN HWY TAMPA, FL 33618		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 59-3657482	
Zip		Country		Applied For Not Applicable	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
MEZER, STEVEN BUSH ROSS GARDNER WARREN & RUDY 220 S. FRANKLIN ST. TAMPA, FL 33602			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 _____ <small>Signature, typed or printed name of registered agent and use if applicable. (NOTE: Registered Agent signature required when reappointing)</small>					
Filing Fee is \$61.25 Due by May 1, 2008		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$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 SD	NAME BUTTS, KRISTIN		TITLE PD	NAME Kwan, Kevin	
STREET ADDRESS 9007 SPRING GARDEN WAY	CITY- ST- ZIP TAMPA, FL 33626		STREET ADDRESS 8901 Ashford Gables Court	CITY- ST- ZIP Tampa, FL 33626	
TITLE D	NAME GRIFFIN, KATHERINE		TITLE VPD	NAME Anderson, Felicia	
STREET ADDRESS 10802 SPRING MOUNTAIN PLACE	CITY- ST- ZIP TAMPA, FL 33626		STREET ADDRESS 10602 Wild Meadow Way	CITY- ST- ZIP Tampa, FL 33618	
TITLE TD	NAME KWAN, KEVIN		TITLE SD	NAME Phillips, Paul	
STREET ADDRESS 8901 ASHFORD GABLES COURT	CITY- ST- ZIP TAMPA, FL 33626		STREET ADDRESS 10606 Wild Meadow Way	CITY- ST- ZIP Tampa, FL 33618	
TITLE VPD	NAME LIBERMORE, MARIE		TITLE TD	NAME Wynne, Amanda	
STREET ADDRESS 8903 ASHFORD GABLES	CITY- ST- ZIP TAMPA, FL 33626		STREET ADDRESS 10802 Needlepoint Way	CITY- ST- ZIP Tampa, FL 33618	
TITLE PD	NAME SENK, PAM		TITLE D	NAME Butts, Joshua	
STREET ADDRESS 9113 CRYSTAL COMMONS WAY	CITY- ST- ZIP TAMPA, FL 33626		STREET ADDRESS 9007 Spring Garden Way	CITY- ST- ZIP Tampa, FL 33618	
TITLE NAME	STREET ADDRESS CITY- ST- ZIP		TITLE NAME	STREET ADDRESS CITY- ST- ZIP	
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: _____			Date: 3/27/08		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					