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FILED

Mar 04 1997 8:00am  
Secretary of StateNONPROFIT  
CORPORATION  
ANNUAL REPORT  
1997FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # P39060 (9)

1. Corporation Name

LANDMARK VINEYARDS FOUNDATION, INC.



Principal Place of Business

Mailing Address

\* 249 ROYAL PALM WAY, SUITE 205, JUPITER, FL 33477 \*  
c/o Wilomar Corp.900 So. US Hwy. I, Suite 205  
Jupiter, FL 33477

2. Principal Place of Business

25. Mailing Address

Suite, Apt. #, etc.

City &amp; State

Zip Country

24 25 29 30

3. Date Incorporated or Qualified  
06/02/19923a. Date of Last Report  
01/31/1996

4. FEI Number

13-3604188

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional  
Fee Required6. Election Campaign Financing  
Trust Fund Contribution\$5.00 May Be  
Added to Fees8. This corporation has liability for intangible tax under s. 199.032,  
Florida Statutes

Yes No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

THE PRENTICE-HALL CORPORATION SYSTEM, INC.  
1201 HAYS STREET  
SUITE 105  
TALLAHASSEE FL 32301

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL 85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

Signature typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PD  
NAME ETHRIDGE, DAMARIS D.W.  
STREET ADDRESS 249 ROYAL PALM WAY, #403  
CITY-ST-ZIP PALM BEACH FL1.1 TITLE  
1.2 NAME  
1.3 STREET ADDRESS 900 South US Hwy. I, Suite 205  
1.4 CITY-ST-ZIP Jupiter, FL 33477TITLE D  
NAME COLHOUN, RICHARD  
STREET ADDRESS 249 ROYAL PALM WAY #403  
CITY-ST-ZIP PALM BEACH FL2.1 TITLE  
2.2 NAME  
2.3 STREET ADDRESS 900 South US Hwy. I, Suite 205  
2.4 CITY-ST-ZIP Jupiter, FL 33477TITLE VD  
NAME ETHRIDGE, WILLIAM T  
STREET ADDRESS 249 ROYAL PALM WAY, #403  
CITY-ST-ZIP PALM BEACH FL3.1 TITLE  
3.2 NAME  
3.3 STREET ADDRESS 900 South US Hwy. I, Suite 205  
3.4 CITY-ST-ZIP Jupiter, FL 33477TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP4.1 TITLE  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIPTITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP5.1 TITLE  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIPTITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP6.1 TITLE  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP

14. I do 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone # 0038443

CR2E037 (9/96)