

**2007 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Jul 27, 2007 8:00 am**  
**Secretary of State**

07-27-2007 90011 001 \*\*\*750.00

**DOCUMENT # P93000038524**

1. Entity Name  
**VINEYARDS PROPERTIES, INC.**



Principal Place of Business

**75 VINEYARDS BLVD  
THIRD FLOOR  
NAPLES, FL 34119 US**

Mailing Address

**75 VINEYARDS BLVD  
THIRD FLOOR  
NAPLES, FL 34119 US**

**66020635**



07062007 No Chg-P CR2E034 (11/05)

4. FEI Number  
**65-0427921**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

**DO NOT WRITE IN THIS SPACE**

**6. Name and Address of Current Registered Agent**

**ROBERT ROGERS  
75 VINEYARDS BLVD  
THIRD FLOOR  
NAPLES, FL 34119**

**DO NOT WRITE  
IN THIS SPACE**

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 \$150.00  
Due by September 14, 2007**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

In accordance with s. 607.193(2)(b), F.S., the  
corporation did not receive the prior notice.

**10. OFFICERS AND DIRECTORS**

TITLE	PDST
NAME	PROCACCI, MARIA
STREET ADDRESS	100 VINEYARDS BLVD
CITY-ST-ZIP	NAPLES, FL
TITLE	TD
NAME	TOUSSEL, JOHN H
STREET ADDRESS	75 VINEYARDS BLVD
CITY-ST-ZIP	NAPLES, FL 34119
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE  
IN THIS SPACE**

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 607, 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**7-18-07**

Date

**(239) 353-3393**

Daytime Phone #