

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Mar 15, 2005 8:00 am**  
**Secretary of State**

03-15-2005 90025 005 \*\*\*150.00

**DOCUMENT # P97000063353**

1. Entity Name

VINERIDGE LANDING, INC.



Principal Place of Business

C/O SENTINEL REAL ESTATE  
1251 AVENUE OF THE AMERICAS, 36TH FL  
NEW YORK NY 10020  
US

Mailing Address

C/O SENTINEL REAL ESTATE  
1251 AVENUE OF THE AMERICAS, 36TH FL  
NEW YORK NY 10020  
US

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

65-0769748

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

NRAI SERVICES, INC.  
526 E. PARK AVENUE  
TALLAHASSEE FL 32301

7. Name and Address of New Registered Agent

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 \$150.00**

**After May 1, 2005 Fee Will Be \$550.00**

**Make Check Payable to Florida Department of State**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

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

10. OFFICERS AND DIRECTORS

TITLE	P	<input checked="" type="checkbox"/> Delete
NAME	STREICKER, JOHN H	
STREET ADDRESS	1251 AVENUE OF THE AMERICAS	
CITY-ST-ZIP	NEW YORK NY 10020	
TITLE	VP	<input type="checkbox"/> Delete
NAME	CASSIDY, MILLIE C	
STREET ADDRESS	1251 AVENUE OF THE AMERICAS	
CITY-ST-ZIP	NEW YORK NY 10020	
TITLE	VP	<input type="checkbox"/> Delete
NAME	BELLI, NOEL	
STREET ADDRESS	1251 AVENUE OF THE AMERICAS	
CITY-ST-ZIP	NEW YORK NY 10020	
TITLE	VP	<input type="checkbox"/> Delete
NAME	WEINER, DAVID	
STREET ADDRESS	1251 AVENUE OF THE AMERICAS	
CITY-ST-ZIP	NEW YORK NY 10020	
TITLE	VP	<input type="checkbox"/> Delete
NAME	LEWIS, JACQUES	
STREET ADDRESS	1251 AVENUE OF THE AMERICAS	
CITY-ST-ZIP	NEW YORK NY 10020	
TITLE	VP	<input type="checkbox"/> Delete
NAME	TIETJEN, GEORGE	
STREET ADDRESS	1251 AVENUE OF THE AMERICAS	
CITY-ST-ZIP	NEW YORK NY 10020	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Weinberger, Michael	
STREET ADDRESS	1251 Avenue of the Americas	
CITY-ST-ZIP	New York, NY 10020	
TITLE	P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Cassidy, Millie C.	
STREET ADDRESS	1251 Avenue of the Americas	
CITY-ST-ZIP	New York, NY 10020	
TITLE	V	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Belli, Noel	
STREET ADDRESS	1251 Avenue of the Americas	
CITY-ST-ZIP	New York, NY 10020	
TITLE	VD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Weiner, David	
STREET ADDRESS	1251 Avenue of the Americas	
CITY-ST-ZIP	New York, NY 10020	
TITLE	V	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Lewis, Jacques	
STREET ADDRESS	1251 Avenue of the Americas	
CITY-ST-ZIP	New York, NY 10020	
TITLE	VTD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Tietjen, George	
STREET ADDRESS	1251 Avenue of the Americas	
CITY-ST-ZIP	New York, NY 10020	

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 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:

*Michael Weinberger*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/14/05  
Date

(212)408-5000  
Daytime Phone #