

2019 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 708054

Entity Name: VINEYARD OF THE ISLANDS, INC.**Current Principal Place of Business:**923 SE 47TH TERRACE
CAPE CORAL, FL 33904**Current Mailing Address:**923 SE 47TH TERRACE
CAPE CORAL, FL 33904 US**FEI Number:** 59-6529160**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**WILLIAMS, JASEN C
4438 SE 10TH AVE
CAPE CORAL, FL 33904 US*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.***SIGNATURE:** JASEN WILLIAMS

01/09/2019

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title	PRESIDENT
Name	STILSON, JAMIE J
Address	8661 YUKON CT.
City-State-Zip:	ST JAMES CITY FL 33956

Title	TREASURER
Name	WOLFE, RICHARD T
Address	5506 SW 14TH AVE
City-State-Zip:	CAPE CORAL FL 33914

Title	SECRETARY
Name	VICTORIA, MIKUSEK M
Address	1325 SE 45TH ST
City-State-Zip:	CAPE CORAL FL 33904

Title	OFFICER
Name	FRASER, RICH
Address	2702 SW 21ST AVENUE
City-State-Zip:	CAPE CORAL FL 33914

Title	VP
Name	KIMBERLY, STILSON
Address	8661 YUKON CT.
City-State-Zip:	ST JAMES CITY FL 33956

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: JAMIE STILSON

PRESIDENT

01/09/2019

Electronic Signature of Signing Officer/Director Detail

Date