


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 02, 2005 8:00 am
Secretary of State

05-02-2005 90972 001 ****61.25

DOCUMENT # N95000004645					
1. Entity Name OAK COLONY AT THE VINEYARDS HOMEOWNERS' ASSOCIATION, INC.					
Principal Place of Business 2685 HORSESHOE DRIVE SOUTH SUITE #215 NAPLES, FL 34104 US			Mailing Address C/O RESORT MANAGEMENT 2685 HORSESHOE DRIVE SOUTH #215 NAPLES, FL 34104 US		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 65-0617219	
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		
BORDEAUX, LEROY 172 SPRING LAKE CIRCLE NAPLES, FL 34119			Name <u>Richard Stillman</u>		
			Street Address (P.O. Box Number is Not Acceptable) <u>156 Spring Lake Circle</u>		
			City <u>Naples</u>		State <u>FL</u>
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 <u>Richard H. Stillman President</u>			DATE <u>4-26-05</u>		
Filing Fee is \$61.25 Due by May 1, 2005			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	DP	<input checked="" type="checkbox"/> Delete	TITLE	Stillman, Richard	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	BORDEAUX, LEROY		NAME	<u>156 Spring Lake Circle</u>	
STREET ADDRESS	172 SPRING LAKE CIRCLE		STREET ADDRESS	<u>Naples, FL 34119</u>	
CITY-ST-ZIP	NAPLES, FL 34119		CITY-ST-ZIP		
TITLE	DS	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	VAN FLEET, JAMES		NAME		
STREET ADDRESS	184 SPRING LAKE CIRCLE		STREET ADDRESS		
CITY-ST-ZIP	NAPLES, FL 34119		CITY-ST-ZIP		
TITLE	DT	<input type="checkbox"/> Delete	TITLE	Wemple, John	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WEMPLE, JOHN		NAME	<u>128 Spring Lake Circle</u>	
STREET ADDRESS	222 W. MISSION RD.		STREET ADDRESS	<u>Naples, FL 34119</u>	
CITY-ST-ZIP	GREEN BAY, WI 54301		CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
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 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: <u>Richard H. Stillman President</u>			DATE <u>4-26-05</u>		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date Daytime Phone #		