

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N95000004645

1. Entity Name

OAK COLONY AT THE VINEYARDS HOMEOWNERS' ASSOCIAT

FILED
Apr 24, 2000 8:00 am
Secretary of State

04-24-2000 90067 013 ****61.25

Principal Place of Business

Mailing Address

100 VINEYARDS BLVD
 NAPLES FL 34119
 US

100 VINEYARDS BLVD
 NAPLES FL 34119-4722
 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

65-0617219

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

7. Name and Address of New Registered Agent

PROPERTY MGMT PROFESSIONALS OF SW FLA INC
 100 VINEYARDS BLVD
 ATTN NANCY WINKLER
 NAPLES FL 34119

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.

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 \$61.25

9. Election Campaign Financing
 Trust Fund Contribution.

\$5.00 May Be
 Added to Fees

Make Check Payable to
Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	PD	<input checked="" type="checkbox"/> Delete
NAME	CLARY, MARY B	
STREET ADDRESS	152 SPRING LAKE CIR	
CITY-ST-ZIP	NAPLES FL 34119	
TITLE	TD	<input type="checkbox"/> Delete
NAME	MILLER, KENNETH	
STREET ADDRESS	144 SPRING LAKE CIR	
CITY-ST-ZIP	NAPLES FL 34119	
TITLE	SD	<input checked="" type="checkbox"/> Delete
NAME	GROSS, DAVID	
STREET ADDRESS	140 SPRING LAKE CIR	
CITY-ST-ZIP	NAPLES FL 34119	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	P/D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Frederick Kieckhefer	
STREET ADDRESS	132 Spring Lake Circle	
CITY-ST-ZIP	Naples, Florida 34119	
TITLE	V/S/D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Michael Wiseman	
STREET ADDRESS	180 Spring Lake Circle	
CITY-ST-ZIP	Naples, Florida 34119	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
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:

Frederick Kieckhefer
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-12-00

941
 353-1992

Date

Daytime Phone #

CRE037 (9/99)