

**2003 NOT-FOR-PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Apr 16, 2003 8:00 am**  
**Secretary of State**

04-16-2003 90122 020 \*\*\*\*61.25

0053589

**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

Zip

Country

Zip

Country

4. FEI Number **65-0617219**

Applied For  
Not Applicable

5. Certificate of Status Desired

**\$8.75** Additional Fee Required



CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**RESORT MANAGEMENT  
2685 HORSESHOE DRIVE  
SUITE #215  
NAPLES FL 34104**

Name **Robert Yackel**  
Street Address (P.O. Box Number is Not Acceptable)

**168 Spring Lake Cir**  
City **Naples** FL Zip Code **34119**

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

*Robert Yackel*

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**4-9-03**

**FILE NOW: FEE IS \$61.25**

9. Election Campaign Financing Trust Fund Contribution.

**\$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	<b>TD</b>	<input type="checkbox"/> Delete
NAME	<b>BORDEAUX, LEROY</b>	
STREET ADDRESS	<b>172 SPRING LAKE CIRCLE</b>	
CITY-ST-ZIP	<b>NAPLES FL 34119</b>	
TITLE	<b>VSD</b>	<input type="checkbox"/> Delete
NAME	<b>YACKEL, ROBERT</b>	
STREET ADDRESS	<b>168 SPRINGLAKE CIR</b>	
CITY-ST-ZIP	<b>NAPLES FL 34119</b>	
TITLE	<b>PD</b>	<input checked="" type="checkbox"/> Delete
NAME	<b>WISEMAN, MICHAEL</b>	
STREET ADDRESS	<b>180 SPRING LAKE CIR</b>	
CITY-ST-ZIP	<b>NAPLES FL 34119</b>	
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	<b>PD</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>Yackel Robert</b>	
STREET ADDRESS	<b>168 Springlake Cir</b>	
CITY-ST-ZIP	<b>NAPLES, FL 34119</b>	
TITLE	<b>VDS</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>Wemple, John</b>	
STREET ADDRESS	<b>222 W. Mission Rd</b>	
CITY-ST-ZIP	<b>Green Bay, WI 54301</b>	
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		

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:

*Robert Yackel*

**4-9-03 239-455-7514**

CR2E037 (10/02)