## #2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## FILED May 03, 2004 8:00 am Secretary of State

1. Entity Nam	MENT # N9500000 ONY AT THE VINEYARD ATION, INC.					05-03-200	94 91 258 01	1 ****	61.25
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		5			940	838	<i>*</i>
2. Principal P	lace of Business	3. Mailing Address			1886    1846				
Suite, Apt.	#, etc.	Suite, Apt. #, etc.			04232004 C	hg-NP	CR2E037 (	10/03)	
City & Stati	е	City & State			4. FEI Number 65-061721	19		-	pplied For ot Applicable
Zip	Country	Zip	Country		5. Certificate of St	tatus Desired		.75 Add Required	
wager in the	6 Name and Address of Currer	nt Registered Agent			7. Name and Add	ress of New R	egistered Age	nt	
VACKEL	PORERT	•	Name	Le	by Borde	26VX	· · · <del>· ·</del> · · · · · · · · · · · · · ·	<u> </u>	•
YACKEL, ROBERT 168 SPRING LAKE CIR. NAPLES, FL 34119			Street	Address (I	O. Box Number is SPONY LAKE				
10 0 220,7									
			City	Vaple	ک		FL	Zin Code	ষ
8. The above	named entity submits this statement	for the purpose of changing its r		,		the State of Flo		iliar with,	and accept
the obligat	ions of registered agent.	-1							
01011470105	Like A	B Vanuar				28 An	ימזב איי	4.	
SIGNATURE.	Signature, typed or printed name of registered age	int and title if applicable. (NOTE:	Registered Agent sign	ature required	when reinstating)		DATE	/	<del></del>
SIGNATURE.	Signature, typed or printed name of registered age Filling Fee is \$61.25 Due by May 1, 2004	9. Election Cam Trust Fund Co	paign Financing	ature required	\$5.00 May Be Added to Fees		DATE  Lake check partine		
10.	Filing Fee is \$61.25	9. Election Cam Trust Fund Co	paign Financing	`	\$5.00 May Be	Flor	Ida Departme	nt of St	ate
10. TITLE NAME STREET ADDRESS	Filing Fee is \$61.25 Due by May 1, 2004  OFFICERS AND E  TD  BORDEAUX, LEROY  172 SPRING LAKE CIRCLE	9. Election Cam Trust Fund Co	paign Financing ontribution.	DP Ler	\$5.00 May Be Added to Fees ADDITIONS/CHANG	ES TO OFFICE 20UX LOKE	Ida Departme	nt of St	ate
10. TITLE NAME STREET ADDRESS CITY-ST-ZIP	Filing Fee is \$61.25 Due by May 1, 2004  OFFICERS AND E  TD  BORDEAUX, LEROY  172 SPRING LAKE CIRCLE  NAPLES, FL 34119	9. Election Cam Trust Fund Co	paign Financing ontribution.  11.  TITLE NAME STREET ADDRESS CITY-SI-ZIP	LOY OP	\$5.00 May Be Added to Fees ADDITIONS/CHANG	Flor	Ida Departme	TORS IN Change	10 Addition
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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: SIGNATURE AND TYPE DO REPRINTED NAME OF SIGNING OFFICER OR DIRECTOR

28 April 2004

Days Dept Deptific Phone #