2000 UNIFORM BUSINESS REPORT (UBR) DOCUMENT # N9800000911 May 22, 2000 8:00 am Secretary of State 1. Entity Name THE VINEYARDS OF BOCA RATON HOME OWNERS ASSOCIAT 04-22-2000 90120 043 ****61.25 Principal Place of Business 1499 WEST PALMETTO PARK ROAD #200 1499 WEST PALMETTO PARK ROAD #200 BOCA RATON FL 33486-3321 BOCA RATON FL 33486 2. Principal Place of Business Mailing Address 951 Broken Sound Parkway ·Sound Parkwau 951 Broken Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite 250 Suite <u>aso</u> 65-0926843 4. FEI Number Applied For Boca Raton Boca Rator APPLIED FOR Not Applicable Country Country \$8.75 Additional 5. Certificate of Status Desired USA JSA Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name Community ASS-N-Syr-Street Address (P.O. Box Number is Not Acceptable) EISENSTEIN, NEIL 1499 WEST PALMETTO PARK ROAD #200 Broken Sound Pilvy **BOCA RATON FL 33486** 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 DATE (NOTE: Registered Agent signature required when reinstating) Make Check Pavable to FILE NOW: Election Campaign Financing \$5.00 May Be Trust Fund Contribution. Added to Fees Department of State **FEE IS \$61.25** OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 10. 11. (66/6)VD Change TITLE Delete TITLE ☐ Addition KODSI, ISAAC NAME NAME **CR2E037** STREET ADDRESS STREET ADORES 1499 WEST PALMETTO PARK ROAD #200 CITY-ST-ZIP CITY-ST-ZIP **BOCA RATON FL 33486** Addition **PSTD** TITLE ☐ Change ☐ Delete TITLE KODSI, DANIEL NAME NAME STREET ADDRESS STREET ADDRESS 1499 WEST PALMETTO PARK ROAD #200 CITY-ST-ZIE CITY-ST-ZIP **BOCA RATON FL 33486** mu. . . Changa Addition TITLE **Z**i-Delete David Tempkin 1999 W. Palmetto park NAME BAROFSKY, STEVE NAME STREET ADDRESS STREET ADDRESS 1499 WEST PALMETTO PARK RD. #200 33486 CITY-ST-ZIP CITY-ST-ZIE **BOCA RATON FL 33486** Change ☐ Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIF CITY-ST-ZIP ☐ Change Addition ☐ Delete . . → TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-716 CITY-ST-ZIP ☐ Change ☐ Addition TITLE ☐ Delete TITLE 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 empsymend 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:

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Daytime Phone #