

2002

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

FILED
Jul 02, 2002 8:00 am
Secretary of State

05-15-2002 90101 041 ****61.25

DOCUMENT # N 98000000911

1. Entity Name

THE VINEYARDS OF BOCA RATON
HOMEOWNERS' ASSOC., INC

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

7100 W CAMINO REAL

Suite, Apt. #, etc.

SUITE 117

City & State

BOCA RATON

Zip

FL

Country

33433

3. Mailing Address

7100 W CAMINO REAL

Suite, Apt. #, etc.

SUITE 117

City & State

BOCA RATON

Zip

FL

Country

33433

4. FEI Number

65-0926843

Applied For

Not Applicable

5. Certificate of Status Desired ☐\$8.75 Additional
Fee Required

7. Name and Address of Current Registered Agent

Name PAUL VALYO

Street Address (P.O. Box Number is Not Acceptable)

7100 W CAMINO REAL

SUITE 117

City BOCA RATON

FL

Zip Code

33433

DO NOT WRITE
IN THIS SPACE

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

X Paul Valyo

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

PAUL VALYO

(NOTE: Registered Agent signature required when reinstating)

06/11/02

DATE

FEE IS \$61.25
Initial or Amended UBR9. Election Campaign Financing
Trust Fund Contribution. ☐\$5.00 May Be
Added to FeesMake Check Payable to
Department of State

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	WALLI ALI
STREET ADDRESS	9633 VINEYARD CT
CITY-ST-ZIP	BOCA RATON, FL 33428
TITLE	D
NAME	JOHANN REITHMEIER
STREET ADDRESS	9753 VINEYARD CT
CITY-ST-ZIP	BOCA RATON, FL 33428
TITLE	D
NAME	EVAN GILBERT
STREET ADDRESS	9653 VINEYARD CT
CITY-ST-ZIP	BOCA RATON, FL 33428
TITLE	DS
NAME	ROBERT VENEZIA
STREET ADDRESS	9620 VINEYARD CT
CITY-ST-ZIP	BOCA RATON, FL 33428
TITLE	D
NAME	TARA CANFIELD
STREET ADDRESS	9700 VINEYARD CT
CITY-ST-ZIP	BOCA RATON, FL 33428
TITLE	D
NAME	LICIA WINNICK
STREET ADDRESS	9632 VINEYARD CT
CITY-ST-ZIP	BOCA RATON, FL 33428

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

DO NOT WRITE
IN THIS SPACE

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 on an attachment with an address, with all other like empowered.

SIGNATURE: X

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

WALLI ALI

06/11/02

Date

561-362-7444

Daytime Phone

CR2E037B (12/01)