## **2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)**

Mailing Address

## DOCUMENT # N98000000911

1. Entity Name

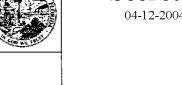
Principal Place of Business

## THE VINEYARDS OF BOCA RATON HOME OWNERS ASSOCIATION, INC.



## **FILED** Apr 12, 2004 8:00 am Secretary of State

04-12-2004 90326 042 \*\*\*\*61.25





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 -	SIgnature, typed or printed name of registered agent and title if applications	able. (NOTE: Re	egistered Agent signat	ure required when reinstating)	DATE		
FILE NOW: FEE IS \$61.25 Due By May 1, 2004		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/CHANG	SES TO OFFICERS AND DI	RECTORS IN	10
NAME STREET ADDRESS CITY-ST-ZIP	D STRAUSS, SAM 9732 VINEYARD COURT BOCA RATON FL 33428	Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DT Mona Karam 9728 Vineyar Boca Rato	1 C+	Change	Addition
NAME STREET ADDRESS	D VAT KAUFMAN, ILEEN 9689 VINEYARD COURT BOCA RATON FL 33428	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS Kirk Russell 9133 Vineya BOCA RATO		☐ Change	Addition
NAME STREET ADDRESS	D S: MIKULINSKY, MIKAYELA 9685 VINEYARD COURT BOCA RATON FL 33428	Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Change	Addition
NAME STREET ADDRESS	PD ALI, WALLI 9633 VINEYARD COURT BOCA RATON FL 33428	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	certify that the information supplied with this filing d	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			Change	Addition

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 TYPED OR PRINTED 1Care NAME OF SIGNING OFFICER OR DIRECTOR 561-362-7444