

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 20, 2007 8:00 am
Secretary of State

03-20-2007 90014 011 ****61.25

DOCUMENT # N98000000911

1. Entity Name

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



Principal Place of Business

C/O J & L PROPERTY MANAGEMENT, INC.
10191 WEST SAMPLE RD., STE. 203
CORAL SPRINGS FL 33065
US

Mailing Address

C/O J & L PROPERTY MANAGEMENT, INC.
10191 WEST SAMPLE RD., STE. 203
CORAL SPRINGS FL 33065
US



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

1st MOORE

CR2E037 (10/06)

4. FEI Number

65-0926843

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**CALDERAZZO, JAMES
C/O J & L PROPERTY MANAGEMENT, INC.
10191 WEST SAMPLE RD., STE. 203
CORAL SPRINGS FL 33065**

Name

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

City

FL

Zip Code

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 applicable.

(NOTE: Registered Agent signature required when reappointing)

DATE

**FILE NOW: FEE IS \$61.25
Due By May 1, 2007**

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

TITLE ☐ Delete
NAME **KARAM, MONA**
STREET ADDRESS **9728 VINEYARD CT**
CITY-STATE-ZIP **BOCA RATON FL 33428**

TITLE ☐ Delete
NAME **DVT KAUFMAN, ILEEN**
STREET ADDRESS **9689 VINEYARD COURT**
CITY-STATE-ZIP **BOCA RATON FL 33428**

TITLE ☐ Delete
NAME **DS MIKULINSKY, MIKAYELA**
STREET ADDRESS **9685 VINEYARD COURT**
CITY-STATE-ZIP **BOCA RATON FL 33428**

TITLE ☒ Delete
NAME **PD ALI, WALLI**
STREET ADDRESS **9633 VINEYARD COURT**
CITY-STATE-ZIP **BOCA RATON FL 33428**

TITLE ☐ Delete
NAME **DS RUSSELL, KIRK**
STREET ADDRESS **9733 VINEYARD CT**
CITY-STATE-ZIP **BOCA RATON FL 33428**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-STATE-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☒ Change ☐ Addition
NAME **PRES. MONA KARAM**
STREET ADDRESS **9728 VINEYARD CT**
CITY-STATE-ZIP **BOCA RATON, FL 33428**

TITLE ☒ Change ☐ Addition
NAME **ASSISTANT TREASURER. ILEEN KAUFMAN**
STREET ADDRESS **9689 VINEYARD CT. BOCA RATON, FL 33428**

TITLE ☒ Change ☐ Addition
NAME **SEC. / TREASURER. MIKAYELA MIKULINSKY**
STREET ADDRESS **9685 VINEYARD COURT**
CITY-STATE-ZIP **BOCA RATON, FL 33428**

TITLE ☒ Change ☐ Addition
NAME **RES. PRES. / DEPT. CHARGE**
STREET ADDRESS **WALLI ALI**
CITY-STATE-ZIP **SAME Resigned 2/16/07**

TITLE ☒ Change ☐ Addition
NAME **VICE PRESIDENT KIRK RUSSELL**
STREET ADDRESS **SAME**
CITY-STATE-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-STATE-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, 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:

Monna Karam
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-16-07

961/482-0700

Date

Daytime Phone #