

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 18, 2006 8:00 am
Secretary of State

04-18-2006 90075 025 ****61.25

DOCUMENT # 757117

1. Entity Name
VIBURNUM HOMEOWNERS ASSOCIATION, INC.



Principal Place of Business
**6401 CONGRESS AVE
#140
BOCA RATON, FL 33487 US**

Mailing Address
**6401 CONGRESS AVE
#140
BOCA RATON, FL 33487 US**

40052602



03042006 Chg-NP CR2E037 (11/05)

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number
59-2821482

Applied For
Not Applicable

Zip

Country

Zip

Country

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

**LIPPMAN, KAREN
LIPPMAN & LIPPMAN ENTERPRISES
6401 CONGRESS AVE #140
BOCA RATON, FL 33487**

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 reinstating)

DATE

**Filing Fee is \$61.25
Due by May 1, 2006**

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**S
BENDER, MURRAY
5404 VIBURNUM CIRCLE
DELRAY BCH, FL 33484** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**ZVP
BENDER, MURRAY
5404 VIBURNUM STREET
DELRAY BEACH, FL 33484** ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**P
RAYE, LEONARD
5432 VIBURNUM CIRCLE
DELRAY BCH, FL 33484** ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**P
Saman, Antonio
5392 VIBURNUM CIRCLE
DELRAY BEACH, FL 33484** ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
SAMANO, ANTONIO
5392 VIBURNUM CIR
DELRAY BEACH, FL 33484** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**P
Saman, Antonio
5392 VIBURNUM CIRCLE
DELRAY BEACH, FL 33484** ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**T
HOLMES, MARTIN
5408 VIBURNUM CIRCLE
DELRAY BCH, FL 33484** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**S
Feldman, Luis
5407 VIBURNUM STREET
DELRAY BEACH, FL 33484** ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**VP
PATICOFF, HENRY
5323 VIBURNUM CIRCLE
DELRAY BCH, FL 33484** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**VP
PATICOFF, HENRY
5323 VIBURNUM CIRCLE
DELRAY BCH, FL 33484** ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**VP
PATICOFF, HENRY
5323 VIBURNUM CIRCLE
DELRAY BCH, FL 33484** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**VP
PATICOFF, HENRY
5323 VIBURNUM CIRCLE
DELRAY BCH, FL 33484** ☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 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: Martin Holmes - MARTIN HOLMES - TREAS - 4-10-06 5614954423

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #