

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Aug 09, 2004 8:00 am
Secretary of State

08-09-2004 90003 027 ****70.00

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1. Entity Name

THE VINEYARDS AT LAUDERHILL HOMEOWNERS' ASSOCIATION, INC.



Principal Place of Business
**8200 N.W. 44TH COURT
LAUDERHILL, FL 33351**

Mailing Address
**P.O. BOX 25114
TAMARAC, FL 33320**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

08032004

Chg-NP

CR2E037 (10/03)

4. FEI Number

65-0694405

Applied For

Not Applicable

5. Certificate of Status Desired

☒

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**BAKALAR BROUGH & CHADROW PA
150 SOUTH PINE ISLAND RD 540
LAUDERHILL, FL 33351**

7. Name and Address of New Registered Agent

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 re-registering)

DATE

**Filing Fee is \$61.25
Due by September 8, 2004**

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 **PD** ☐ Delete
NAME **CULBREATH, SHERI S**
STREET ADDRESS **8200 N.W. 44TH COURT**
CITY-ST-ZIP **LAUDERHILL, FL 33351**

TITLE **DV** ☐ Delete
NAME **FREDERICK, FOOT**
STREET ADDRESS **8231 NW 44TH CT**
CITY-ST-ZIP **FORT LAUDERDALE, FL 33351**

TITLE **DS** ☐ Delete
NAME **LILLEY, SPRING**
STREET ADDRESS **8210 NW 44TH COURT**
CITY-ST-ZIP **LAUDERHILL, FL 33351**

TITLE **DT** ☒ Delete
NAME **REED, SHARON**
STREET ADDRESS **8210 NW 45TH ST**
CITY-ST-ZIP **FORT LAUDERDALE, FL 33351**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

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

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

TITLE ☐ Change ☒ Addition
NAME **DT EASON, TIFFANY**
STREET ADDRESS **8211 NW 44 COURT**
CITY-ST-ZIP **LAUDERHILL, FLORIDA 33351**

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

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
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 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 NAME OF SIGNING OFFICER OR DIRECTOR

Aug 5, 2004

Date

Daytime Phone #