2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 18, 2005 8:00 am
Secretary of State
02-18-2005 90050 026 ****70.00

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1. Entity Name
THE VINEYARDS AT LAUDERHILL HOMEOWNERS' ASSOCIATION, INC.

Principal Place of Business	Mailing Address
8200 N.W. 44TH COURT LAUDERHILL, FL 33351	P.O. BOX 25114 TAMARAC, FL 33320

J00017225

01102005 No Chg-NP CR2E037 (10/03)

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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~~
PLANTATION, FL 33324

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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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Filing Fee is $61.25
Due by May 1, 2005

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	CULBREATH, SHERI S
STREET ADDRESS	8200 N.W. 44TH COURT
CITY-ST-ZIP	LAUDERHILL, FL 33351
TITLE	DV
NAME	FREDERICK, FOOT
STREET ADDRESS	8231 NW 44TH CT LAUDERHILL
CITY-ST-ZIP	~~FORT LAUDERDALE~~, FL 33351
TITLE	DS
NAME	LILLEY, SPRING
STREET ADDRESS	8210 NW 44TH COURT
CITY-ST-ZIP	LAUDERHILL, FL 33351
TITLE	DT
NAME	EASON, TIFFANY
STREET ADDRESS	8211 NW 44 COURT LAUDERHILL
CITY-ST-ZIP	~~FORT LAUDERDALE~~, FL 33351
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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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: _____ 10 Feb 2005 954-741-3505
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #