

# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 27, 2006 8:00 am**  
**Secretary of State**

03-27-2006 90237 033 \*\*\*\*70.00

**DOCUMENT # N96000005252**

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

01302006 Chg-NP CR2E037 (11/05)

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

7. Name and Address of New Registered Agent

**BAKALAR BROUGH & CHADROW PA  
150 SOUTH PINE ISLAND RD 540  
PLANTATION, FL 33324**

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

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

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

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

TITLE ☐ Change ☒ Addition  
NAME **DV**  
STREET ADDRESS **THOMAS, MARVA**  
CITY-ST-ZIP **8220 NW 44th COURT  
LAUDERHILL, FL 33351**

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

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

TITLE ☒ Delete  
NAME **DT**  
STREET ADDRESS **EASON, TIFFANY**  
CITY-ST-ZIP **8211 NW 44 COURT  
LAUDERHILL, FL 33351**

TITLE ☐ Change ☒ Addition  
NAME **DT**  
STREET ADDRESS **LILLEY, SPRING**  
CITY-ST-ZIP **8210 NW 44th COURT  
LAUDERHILL, FL 33351**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Delete  
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 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 another like empowered.

SIGNATURE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*24 Mar 2006* *954-747-3505*  
Date Daytime Phone #