

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**

**May 02, 2001 8:00 am**  
**Secretary of State**

05-02-2001 90130 005 \*\*\*\*61.25

**DOCUMENT # N98000000911**

1. Entity Name

**THE VINEYARDS OF BOCA RATON HOME OWNERS ASSOCIAT**

Principal Place of Business

**951 BROKEN SOUND PKWY  
STE 250  
BOCA RATON FL 33487  
US**

Mailing Address

**951 BROKEN SOUND PKWY  
STE 250  
BOCA RATON FL 33487  
US**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

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

**COMMUNITY ASSN SVC  
951 BROKEN SOUND PKWY  
#250  
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.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW:  
FEE IS \$61.25**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be  
Added to Fees**

**Make Check Payable to  
Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **VD** ☒ Delete  
NAME **KODSI, ISAAC**  
STREET ADDRESS **1499 WEST PALMETTO PARK ROAD #200**  
CITY-ST-ZIP **BOCA RATON FL 33486**

TITLE **PD** ☒ Change ☒ Addition  
NAME **Gilbert, EVAN**  
STREET ADDRESS **9653 VINEYARD COURT**  
CITY-ST-ZIP **BOCA RATON, FL 33428**

TITLE **PSTD** ☒ Delete  
NAME **KODSI, DANIEL**  
STREET ADDRESS **1499 WEST PALMETTO PARK ROAD #200**  
CITY-ST-ZIP **BOCA RATON FL 33486**

TITLE **VPO** ☒ Change ☒ Addition  
NAME **GLASER-ANTHES, Stefani**  
STREET ADDRESS **9681 VINEYARD COURT**  
CITY-ST-ZIP **BOCA RATON, FL 33428**

TITLE **D** ☒ Delete  
NAME **TEMPKIN, DAVID**  
STREET ADDRESS **1499 WEST PALMETTO PARK RD, #200**  
CITY-ST-ZIP **BOCA RATON FL 33486**

TITLE **TD** ☒ Change ☒ Addition  
NAME **Randell, Dr. JAY**  
STREET ADDRESS **9657 VINEYARD COURT**  
CITY-ST-ZIP **BOCA RATON, FL 33428**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE **D** ☐ Change ☒ Addition  
NAME **BAROFsky, Steve**  
STREET ADDRESS **9672 VINEYARD COURT**  
CITY-ST-ZIP **BOCA RATON, FL 33428**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE **D** ☐ Change ☒ Addition  
NAME **ALI, Walli**  
STREET ADDRESS **9633 VINEYARD COURT**  
CITY-ST-ZIP **BOCA RATON, FL 33428**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE **D** ☐ Change ☒ Addition  
NAME **DANIELI, Lydia**  
STREET ADDRESS **9673 VINEYARD COURT**  
CITY-ST-ZIP **BOCA RATON, FL 33428**

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 REQUIRED: Gilbert Pres**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

**4/23/01 561-994-1788**

CR2E037 (10/00)