

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 03, 2006 08:00 AM
Secretary of State

DOCUMENT # N98000000911 1. Entity Name THE VINEYARDS OF BOCA RATON HOME OWNERS ASSOCIATION, INC.					
Principal Place of Business 7100 W CAMINO REAL STE 117 BOCA RATON, FL 33433 US			Mailing Address 7100 W CAMINO REAL STE 117 BOCA RATON, FL 33433 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	
5. Certificate of Status Desired ☐				Applied For ☐ Not Applicable	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
VALYO, PAUL 7100 W CAMINO REAL STE 117 BOCA RATON, FL 33433				Name Street Address (P.O. Box Number is Not Acceptable) City	
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.				FL Zip Code	
SIGNATURE _____ 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, 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	DT	☐ Delete	TITLE	☐ Change ☐ Addition	
NAME	KARAM, MONA		NAME		
STREET ADDRESS	9728 VINEYARD CT		STREET ADDRESS		
CITY-ST-ZIP	BOCA RATON, FL 33428		CITY-ST-ZIP		
TITLE	DVT	☐ Delete	TITLE	☐ Change ☐ Addition	
NAME	KAUFMAN, ILEEN		NAME		
STREET ADDRESS	9689 VINEYARD COURT		STREET ADDRESS		
CITY-ST-ZIP	BOCA RATON, FL 33428		CITY-ST-ZIP		
TITLE	DS	☐ Delete	TITLE	☐ Change ☐ Addition	
NAME	MIKULINSKY, MIKAYELA		NAME		
STREET ADDRESS	9685 VINEYARD COURT		STREET ADDRESS		
CITY-ST-ZIP	BOCA RATON, FL 33428		CITY-ST-ZIP		
TITLE	PD	☐ Delete	TITLE	☐ Change ☐ Addition	
NAME	ALI, WALLI		NAME		
STREET ADDRESS	9633 VINEYARD COURT		STREET ADDRESS		
CITY-ST-ZIP	BOCA RATON, FL 33428		CITY-ST-ZIP		
TITLE	DS	☐ Delete	TITLE	☐ Change ☐ Addition	
NAME	RUSSELL, KIRK		NAME		
STREET ADDRESS	9733 VINEYARD CT		STREET ADDRESS		
CITY-ST-ZIP	BOCA RATON, FL 33428		CITY-ST-ZIP		
TITLE		☐ Delete	TITLE	☐ Change ☐ Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			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 all other like empowered.					
SIGNATURE: _____ SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date: 2/20/06 Daytime Phone #		