

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 23, 2008 8:00 am**  
**Secretary of State**

04-23-2008 90042 029 \*\*\*\*61.25

**DOCUMENT # N98000000911**

1. Entity Name  
**THE VINEYARDS OF BOCA RATON HOME OWNERS  
ASSOCIATION, INC.**



Principal Place of Business  
**C/O J & L PROPERTY MANAGEMENT, INC.  
10191 WEST SAMPLE RD., STE. 203  
CORAL SPRINGS, FL 33065 US**

Mailing Address  
**C/O J & L PROPERTY MANAGEMENT, INC.  
10191 WEST SAMPLE RD., STE. 203  
CORAL SPRINGS, FL 33065 US**

BY: 12  
**40078672**



2. Principal Place of Business - No P.O. Box #  
**1200 S. Rogers Circle**  
Suite, Apt. #, etc.  
**Ste 3**

3. Mailing Address  
**1200 S. Rogers Circle**  
Suite, Apt. #, etc.  
**Ste # 3**

04072008 Chg-NP CR2E037 (12/06)

City & State  
**Boca Raton FL**

City & State  
**Boca Raton FL**

4. FEI Number  
**65-0926843**

Applied For  
Not Applicable

Zip  
**33487**

Country

Zip  
**33487**

Country

5. Certificate of Status Desired ☐ **\$8.75 Additional  
Fee Required**

**6. Name and Address of Current Registered Agent**

**CALDERAZZO, JAMES  
C/O J & L PROPERTY MANAGEMENT, INC.  
10191 WEST SAMPLE RD., STE. 203  
CORAL SPRINGS, FL 33065**

**7. Name and Address of New Registered Agent**

Name **Steven H Lippman**  
Street Address (P.O. Box Number is Not Acceptable)  
**First Choice Management Group Inc.**  
**1200 S. Rogers Circle #3**  
City **Boca Raton** FL Zip Code **33487**

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

(NOTE: Registered Agent signature required when reinstating)

DATE **4/7/08**

**Filing Fee is \$61.25  
Due by May 1, 2008**

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 **P** ☒ Delete  
NAME **KARAM, MONA**  
STREET ADDRESS **9728 VINEYARD CT**  
CITY-ST-ZIP **BOCA RATON, FL 33428**

TITLE **AT** ☒ Delete  
NAME **KAUFMAN, ILEEN**  
STREET ADDRESS **9689 VINEYARD COURT**  
CITY-ST-ZIP **BOCA RATON, FL 33428**

TITLE **ST** ☐ Delete  
NAME **MIKULINSKY, MIKAYELA**  
STREET ADDRESS **9685 VINEYARD COURT**  
CITY-ST-ZIP **BOCA RATON, FL 33428**

TITLE **VP** ☐ Delete  
NAME **RUSSELL, KIRK**  
STREET ADDRESS **9733 VINEYARD CT**  
CITY-ST-ZIP **BOCA RATON, FL 33428**

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 **P** ☐ Change ☒ Addition  
NAME **Johnson, Scott**  
STREET ADDRESS **9700 Vineyard Court**  
CITY-ST-ZIP **Boca Raton FL 33428**

TITLE **D** ☐ Change ☒ Addition  
NAME **Zemisch, Kevin**  
STREET ADDRESS **9764 Vineyard Court**  
CITY-ST-ZIP **Boca Raton FL 33428**

TITLE **T** ☒ Change ☐ Addition  
NAME **Mikulinsky, Mikayela**  
STREET ADDRESS  
CITY-ST-ZIP

TITLE **D** ☐ Change ☒ Addition  
NAME **Rivet, Nancy**  
STREET ADDRESS **9632 Vineyard Court**  
CITY-ST-ZIP **Boca Raton FL 33428**

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 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:** Mikulinsky Mikayela Mikulinsky (T) **4/15/08** **561-945-7956**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #