

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 19, 2003 8:00 am
Secretary of State

03-19-2003 90134 002 ****61.25

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**

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

**VALYO, PAUL
7100 W CAMINO REAL
STE 117
BOCA RATON FL 33433**

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 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
Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	GILBERT, EVAN	
STREET ADDRESS	9653 VINEYARD COURT	
CITY-ST-ZIP	BOCA RATON FL 33428	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	REITHMEIER, JOHANN	
STREET ADDRESS	9753 VINEYARD CT	
CITY-ST-ZIP	BOCA RATON FL 33428	
TITLE	DS	<input checked="" type="checkbox"/> Delete
NAME	VENEZIA, ROBERT	
STREET ADDRESS	9620 VINEYARD CT	
CITY-ST-ZIP	BOCA RATON FL 33428	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	CANFIELD, TARA	
STREET ADDRESS	9700 VINEYARD CT	
CITY-ST-ZIP	BOCA RATON FL 33428	
TITLE	PD	<input type="checkbox"/> Delete
NAME	ALI, WALLI	
STREET ADDRESS	9633 VINEYARD COURT	
CITY-ST-ZIP	BOCA RATON FL 33428	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	SAM STRAUSS	
STREET ADDRESS	9732 VINEYARD COURT	
CITY-ST-ZIP	BOCA RATON, FL 33428	
TITLE	DT	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	ILEEN KAUFMAN	
STREET ADDRESS	9689 VINEYARD COURT	
CITY-ST-ZIP	BOCA RATON, FL 33428	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MIKAYELA MIKULINSKY	
STREET ADDRESS	9685 VINEYARD COURT	
CITY-ST-ZIP	BOCA RATON, FL 33428	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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]

2/11/03

561-362-7444

CR2E037 (10/02)