

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Jun 02, 2002 8:00 am
Secretary of State

04-26-2002 90020 007 ****61.25

DOCUMENT # N99000003914

1. Entity Name

THE VINEYARDS AT PALM BEACH HOMEOWNERS ASSOCIATION, INC.

NO

Principal Place of Business

Mailing Address

7200 NW 7TH STREET SUITE 300
 MIAMI FL 33126

7200 NW 7TH STREET SUITE 300
 MIAMI FL 33126

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

65-0919628

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

LEOPOLD, NORMAN
 20801 BISCAYNE BLVD SUITE 501
 AVENTURA FL 33180

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 PTD
 NAME STIEGELE, ROBERT ☒ Delete
 STREET ADDRESS 7200 NW 7TH STREET SUITE 300
 CITY-ST-ZIP MIAMI FL 33126

TITLE D
 NAME Lisa Ramos ☐ Change ☒ Addition
 STREET ADDRESS 7200 NW 7th Street Ste. 340
 CITY-ST-ZIP Miami, FL 33126

TITLE VD
 NAME RABIN, MICHAEL ☒ Delete
 STREET ADDRESS 7200 NW 7TH STREET SUITE 300
 CITY-ST-ZIP MIAMI FL 33126

TITLE D
 NAME David Santos ☐ Change ☒ Addition
 STREET ADDRESS 7200 NW 7th Street Ste 340
 CITY-ST-ZIP Miami, FL 33126

TITLE SD
 NAME DADDARIO, TOM ☐ Delete
 STREET ADDRESS 7200 NW 7TH STREET SUITE 300
 CITY-ST-ZIP MIAMI FL 33126

TITLE D
 NAME Adela Gonzalez ☐ Change ☒ Addition
 STREET ADDRESS 7200 NW 7th Street Ste 340
 CITY-ST-ZIP Miami, FL 33126

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

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 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

5/16/01 305-269-0333 x203

CR2E037 (9/01)