

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

CORPORATION ANNUAL REPORT 1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 APR -5 PM 2:41

DOCUMENT # N93000002025 (5)

1. Corporation Name
VINTAGE ISLE HOMEOWNER'S ASSOCIATION, INC.

Principal Place of Business Mailing Address

2476 N.W. 59TH ST.
BOCA RATON FL 33496

2476 N.W. 59TH ST.
BOCA RATON FL 33496

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified **05/04/1993** 3a. Date of Last Report **04/28/1994**

4. FEI Number **65-0428189** Applied For Not Applicable

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

6. Election Campaign Financing Trust Fund Contribution \$5.00 May Be Added to Fees

7. Nonprofit with IRS 501(c)(3) Tax Exempt Status \$68.75 Supplemental Fee Not Required

8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes Yes No

2. Principal Place of Business 2a. Mailing Address

21 **5752 Vintage Oaks Circle** 26 **5752 Vintage Oaks Circle**

Suite, Apt. #, etc. Suite, Apt. #, etc.

22 City & State 27 City & State

23 **Delray Beach, Fl.** 28 **Delray Beach, Fl.**

Zip Country Zip Country

24 **33484** 25 **USA** 29 **33484** 30 **USA**

9. Name and Address of Current Registered Agent

TERREMARK CORPORATE AGENTS INC.
2001 SOUTH BAYSHORE DR.
19TH FLOOR
MIAMI FL 33133

10. Name and Address of New Registered Agent

81 Name **COBER CORPORATE AGENTS, INC.**

82 Street Address (P.O. Box Number is Not Acceptable)
2601 So. Bayshore Dr., 19th Fl.

83

84 City **Miami** 85 Zip Code **FL 33133**

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE *Richard M. Bernstein* **JANUARY 25, 1995**
Signature, typed or printed name of registered agent and fee if applicable. DATE
NOTE: Registered Agent signature required when re-registering.

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DPVS	1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SUTTIN, EUGENE N	1.2 NAME	
STREET ADDRESS	2476 N.W. 59 ST.	1.3 STREET ADDRESS	5752 Vintage Oaks Circle
CITY - ST - ZIP	BOCA RATON FL 33496	1.4 CITY - ST - ZIP	Delray Beach, Fl. 33484
TITLE	D	2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SUTTIN, BONNE L	2.2 NAME	
STREET ADDRESS	2476 N.W. 59 ST.	2.3 STREET ADDRESS	5752 Vintage Oaks Circle
CITY - ST - ZIP	BOCA RATON FL 33496	2.4 CITY - ST - ZIP	Delray Beach, Fl. 33484
TITLE	D	3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WEITZ, KENNETH	3.2 NAME	
STREET ADDRESS	2476 N.W. 59 ST.	3.3 STREET ADDRESS	5752 Vintage Oaks Circle
CITY - ST - ZIP	BOCA RATON FL 33496	3.4 CITY - ST - ZIP	Delray Beach, Fl. 33484
TITLE		4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY - ST - ZIP		4.4 CITY - ST - ZIP	
TITLE		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY - ST - ZIP		5.4 CITY - ST - ZIP	
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY - ST - ZIP		6.4 CITY - ST - ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 017, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *[Signature]* **3/27/95** **407-496-7899**
Signature and typed or printed name of signing officer or director. Date (Type in Year 2)