

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **N93000002025 (5)**

1. Corporation Name

VINTAGE ISLE HOMEOWNER'S ASSOCIATION, INC.



Principal Place of Business

Mailing Address

5752 VINTAGE OAKS CIR
DELRAY BEACH FL 33484
US

5752 VINTAGE OAKS CIR
DELRAY BEACH FL 33484
US

3. Date Incorporated or Qualified
05/04/1993

3a. Date of Last Report
04/05/1995

2. Principal Place of Business

2a. Mailing Address

21 **90 Lang Management Co.**

26 **90 Lang Management Co.**

4. FEI Number
65-0428189

Applied For
Not Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 **5295 Town Center Rd.**

27 **5295 Town Center Rd.**

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

City & State

City & State

23 **Boca Raton FL**

28 **Boca Raton FL**

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

Zip

Country

Zip

Country

24 **33486**

25 **USA**

29 **33486**

30 **USA**

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

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**COBER CORPORATE AGENTS INC
2601 SOUTH BAYSHORE DR.
19TH FLOOR
MIAMI FL 33133**

81 Name **ISAACSON, WILLIAM K.**

82 Street Address (P.O. Box Number is Not Acceptable)
5295 Town Center Road

83 **Suite 200**

84 City **Boca Raton** FL 85 Zip Code **33486**

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE **WILLIAM K. ISAACSON**

Signature, typed or printed name of registered agent and title. (Applicable)

(NOTE: Registered Agent signature required when reinstating)

DATE

5/2/95

12. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	DELETED
DPVS	SUTTIN, EUGENE N	5752 VINTAGE OAKS CIR	DELRAY BEACH FL	<input checked="" type="checkbox"/>
D	SUTTIN, BONNIE L	5752 VINTAGE OAKS CIR	DELRAY BEACH FL	<input checked="" type="checkbox"/>
D	WEITZ, KENNETH	5752 VINTAGE OAKS CIR	DELRAY BEACH FL	<input checked="" type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	CHANGED	ADDITION
PIP	Asher, Sheila	5886 N.W. 25th Court	Boca Raton, FL 33496	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
UID	Gordon, Jim	5870 N.W. 25th Court	Boca Raton, FL 33496	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
T/D	Hullagan, Boyd	5895 N.W. 25th Court	Boca Raton, FL 33496	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
STD	Miranda, Victor	5882 N.W. 25th Court	Boca Raton, FL 33496	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
D	Barron, Guy	5878 N.W. 25th Court	Boca Raton, FL 33496	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

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 119.07(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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed or on an attachment with an address.

SIGNATURE: **Sheila Asher**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
SHEILA ASHER

4/29/96
Date

Daytime Phone #

CR2E037 (12/95)