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May 30 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997



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

CO/ LANG MANAGEMENT CO.
5295 TOWN CENTER RD., #200
BOCA RATON FL 33486
US

CO/ LANG MANAGEMENT CO.
5295 TOWN CENTER RD., #200
BOCA RATON FL 33486-1088
US

3. Date Incorporated or Qualified
05/04/1993

3a. Date of Last Report
05/01/1996

2. Principal Place of Business

2a. Mailing Address

4. FEI Number
65-0428189

Applied For
Not Applicable

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

5. Certificate of Status Desired \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution \$5.00 May Be Added to Fees

22 City & State

27 City & State

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

23 Zip

Country

28 Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

ISAACSON, WILLIAM K.
5295 TOWN CENTER RD.
SUITE 200
BOCA RATON FL 33486

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE P/D DELETE
NAME ASHER, SHELIA
STREET ADDRESS 5888 NW 25TH COURT
CITY-ST-ZIP BOCA RATON FL 33496

1.1 TITLE Change Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

TITLE V/D DELETE
NAME GORDON, JIM
STREET ADDRESS 5870 NW 25TH COURT
CITY-ST-ZIP BOCA RATON FL 33496

2.1 TITLE Change Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

TITLE T/D DELETE
NAME KALLAGAN, BOYD
STREET ADDRESS 5895 NW 25TH COURT
CITY-ST-ZIP BOCA RATON FL 33496

3.1 TITLE Change Addition
3.2 NAME S/D Lloyd Onetsky
3.3 STREET ADDRESS 5875 N.W. 25th Court
3.4 CITY-ST-ZIP Boca Raton, FL 33496

TITLE S/D DELETE
NAME MIRANDA, VICTOR
STREET ADDRESS 5882 NW 25TH COURT
CITY-ST-ZIP BOCA RATON FL 33496

4.1 TITLE Change Addition
4.2 NAME T/D
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

TITLE D DELETE
NAME BARRON, GUY
STREET ADDRESS 5878 NW 25TH COURT
CITY-ST-ZIP BOCA RATON FL 33496

5.1 TITLE Change Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

6.1 TITLE Change Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. I do 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 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: X) Sheila N. Stecker REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone # 6068800

5/22/97

CR2E037 (9/96)