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NONPROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT #

N93000002025 (5)

VINTAGE ISLE HOMEOWNER'S ASSOCIATION, INC.

FILED Apr 29 1998 8:00am Secretary of State

VIIVAGE ISLE NOMEOTIVEN S ASSOCIATION, INC.													
Principal Place of Business			Mi	Mailing Address				\neg	1 1801/10f 010 18100 1FIII 8911F 08	// VVIII BUI	/// 60 33 0 4000 0 0006) { 0 0	
	Anagement Co Enter Rd. #20 Fl 33486		529 BO	CO/ LANG MANAGEMENT CO. 5295 TOWN CENTER RD.: #200 BOCA RATON FL 33486 US					3. Date Incorporated or Qualifie 05/04/1993 4. FEI Number	đ	<u> </u>	Applied For	
						65-0428189			Not Applicable				
2. Principal P	Place of Busines	85	├ 1	2e. Mailing Address				6	5. Certificate of Status Desired			Additional Required	
Sulte, Apt.	#, etc.		27	Suite, Apt. #, etc.				6	6. Election Campaign Financing Trust Fund Contribution		\$5.00	May Be to Fees	
City & State	10		28	City & State				7	7. Is this nonprofit corporation a homeowners association? X Yes No				
Zip				Zip Country			<u> </u>	8. This corporation owes or has paid the current year Intangible					
24	25			29 30				- 1	Personal Property Tax due Ju	ne 30.	Yes [□ No	
	9. Name ar	nd Address of Curr	ent Regist	Registered Agent		81	Nome	10. Name and Address of Nev		Register	ed Agent		
POALCO	**************************************	ıv					Name						
	ion, William Own Center		82 Street Add			ddress ((P.O. Box Number is Not Accep	table)					
SUITE 200					83			· · · · · · · · · · · · · · · · · · ·					
BOCA R	RATON FL 334	486					City				85 Zip	Code	
11. Pursuant	to the provision	ns of Sections 617.0f	502 and 6	17.1508, Florida Statu	tes, the ε	above	named co	orporatie	ion submits this statement for the board of directors. I hereby acc			its registered	
agent. I a	am familiar with	, and accept the obli	igations of	i, Section 617.0503, Fi	lorida Sta	atutes	The Corpo I.	RATIONS	Doard of directors, chereby acc	жерт ине а	арронтин е ть аз	s fegistereu	
SIGNATURE Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent aig								why barker	on reinstations	DATI	<u> </u>		
12.	mile and a special	OFFICERS A			13.		III wighter and a second		ADDITIONS/CHANGES TO OF			RS IN 12	
TITLE	P/D	<u> </u>		☐ DELETE	1.1 T	TITLE					Change	Addition	
NAME	ASHER, S			1.2 N		1.2 NAME			Sheila		•		
STREET ADDRESS				1.3 \$			1.3 STREET ADDRESS		J. 101				
CITY-ST-ZIP		TON FL 33496					A CITY-ST-ZIP						
TITLE	₩D*	***				2.1 TITLE			_	17D	Change	Addition	
NAME	GORDON, JIM					22 NAME							
STREET ADDRESS				· · ·		2.3 STREET ADDRESS							
CITY-ST-ZIP	SD SD	IUN FL 33480		T		2. 4 CITY-ST-ZIP 3.1 TITLE					☐ Change	Addition	
NAME		עאט וו		_		3.2 NAME					C CHENT	Addition	
STREET ADDRESS	ADDRESS 5875 N.W. 25TH COURT					3.3 STREET ADDRESS							
CITY-ST-ZIP	DOOL DATON FO						ST-ZIP						
TITLE	70-	1011.1		DELETE	4.1 T		1.54		VP/D		Change	Addition	
NAME	MIRANDA,	. VICTOR		_		NAME	- 1		4.72		7 0 °		
STREET ADDRESS		25TH COURT					ADDRESS						
CITY-ST-ZIP	BOCA RAT	TON FL			440	CITY-ST	T-ZIP						
TITLE	D			☐ DELETE	5.1 To	ITLE					Change	Addition	
NAME	BARRON,				5.2 N	IAME							
STREET ADDRESS		25TH COURT			5.3 S	TREET	ADDRESS						
CITY-ST-Z#P	BOCA HA	TON FL 33496		Document	_	CITY-ST	r-zip			<u>.</u>		14404-	
TITLE				☐ DELETE	6.1 Ti						Change	Addition	
NAME	ĺ				62 N								
STREET ADDRESS	1						ADDRESS						
14. hereby c	certify that the i	information supplied	with this fi	iling does not qualify f		empt		in Secti	ion 119.07(3)(i). Florida Statutes	1 further	certify that the	e information	
14. 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 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 resulted 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.													