FILE NOW: FILING FEE IS \$61.25

Mailing Address

CO/ LANG MANAGEMENT CO.

5295 TOWN CENTER RD., #200

NONPROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # N93000002025

Principal Place of Business

CO/ LANG MANAGEMENT CO. 5295 TOWN CENTER RD., #200

VINTAGE ISLE HOMEOWNER'S ASSOCIATION, INC.

BOCA RATON FL 33486 BOCA RAT			IATON FL 33486			i ibalitiet die janes titit getil antit getil gatit getil gatie mait gaus gege gege				
2. Principal F	Place of Business	2a. Mailing	2a. Mailing Address			3. Date incorporated or Qualifed 05/04/1993				
Suite, Apt	. #, etc.	Suite, /	Suite, Apt. #, etc.			4. FEI Number 65-0428189	Applied For Not Applicable			
City & Sta	ite		City & State			5. Certificate of Status Desired		\$8.75 Additional Fee Required		
Zip	Country Zip			Country 30		Election Campaign Financing Trust Fund Contribution		\$5.00 May Be Added to Fees		
<u></u>	9. Name and Address of Curre					10. Name and Address of New F	Registered	Agent		
				81	Name					
ISAACSON, WILLIAM K.					Street Add	dress (P.O. Box Number is Not Accepta	able)			
5295 TOWN CENTER RD. SUITE 200				83	···					
BOCA RATON FL 33486				84	City		FL	85 Zip	Code	
12.	Signature, typed or printed name of registered at OFFICERS A	AND DIRECTORS		13.	r signature requi	ad when reinstating) ADDITIONS/CHANGES TO OF	FICERS AN			
12.	OFFICERS /	AND DIRECTORS		13.	 _	ADDITIONS/CHANGES TO OF	FICERS AN			
TITLE	P/D		DELETE	1.1 TITLE				Change		
NAME	ASHER, SHEILA	_		1.2 NAME	.					
STREET ADDRESS	5886 NW 25TH COURT	•		1.3 STREE	FADDRESS					
CITY-ST-ZIP	BOCA RATON FL 33496			1.4 CITY-S	T-ZIP			Channe		
TITLE	TD		☐ DELETE	2.1 TITLE				Change	Additi	
NAME	GORDON, JIM			2.2 NAME						
STREET ADDRESS				2.3 STREE	T ADDRESS					
CITY-ST-ZIP	BOCA RATON FL 33496			2.4 CITY-S	ST-ZIP					
TTLE	SD		☐ DELETE	3.1 TITLE				Change	Additi	
NAME	ORETSKY, LLOYD			3.2 NAME	1	·			/	
STREET ADDRESS	s 5875 N.W. 25TH COURT		*	3.3 STREE	TADORESS					
CITY-ST-ZIP	BOCA RATON FL			3.4. CITY-5	T-ZIP					
TITLE	VPD		□ DELETE	4,1 TITLE				Change	e 🔲 Additi	
NAME	MIRANDA, VICTOR			4.2 NAME						
STREET ADDRESS	TARRAMAN AFTEL COLIDA			4.3 STREE	TADDRESS					
CITY-ST-ZIP	BOCA RATON FL			4.4 CITY-S	T-ZIP					
TITLE	D		DELETE	5,1 TITLE			`	Change	Additi	
NAME	BARRON, GUY			5.2 NAME						
APPECT ADDRESS	FOZO MINI SETH COLIDT			5.3 STREE	TADDRESS					

5.4 CITY-ST-ZIP

6.1 TITLE

6.3 STREET

ETTY-ST-ZIP

tion supplied with this filing for not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information of 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 ention on the receiver of trustee expowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in d. or of an attackment with an address, with all other like empowered.

SIGNATURE:

 I hereby certify that the inform indicated on this annual report officer or director of the cor Block 12 or Block 13 if char

CITY-ST-ZIP

STREET ADDRESS

TITLE NAME **BOCA RATON FL 33496**

□ DELETE

Change

Addition

FILED Apr 20, 1999 8:00 am Secretary of State

04-20-1999 90292 003 ****61.25

CR2E037_(11/98)