

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N93000002025

1. Entity Name

VINTAGE ISLE HOMEOWNER'S ASSOCIATION, INC.

FILED
Mar 31, 2000 8:00 am
Secretary of State

03-31-2000 90061 044 ****61.25

Principal Place of Business CO/ LANG MANAGEMENT CO. 5295 TOWN CENTER RD.. #200 BOCA RATON FL 33486 US	Mailing Address CO/ LANG MANAGEMENT CO. 5295 TOWN CENTER RD.. #200 BOCA RATON FL 33486-1080 US
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip	Country

4. FEI Number 65-0428189	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

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

7. Name and Address of New Registered Agent

Name _____

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

City **FL** Zip Code _____

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the state of Florida.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW: FEE IS \$61.25	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	Make Check Payable to Department of State
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10. OFFICERS AND DIRECTORS

TITLE P/D	NAME ASHER, SHEILA	<input type="checkbox"/> Delete
STREET ADDRESS 5886 NW 25TH COURT	CITY-ST-ZIP BOCA RATON FL 33496	
TITLE TD	NAME GORDON, JIM	<input checked="" type="checkbox"/> Delete
STREET ADDRESS 5870 NW-25TH COURT	CITY-ST-ZIP BOCA RATON FL 33496	
TITLE SD	NAME ORETSKY, LLOYD	<input type="checkbox"/> Delete
STREET ADDRESS 5875 N.W. 25TH COURT	CITY-ST-ZIP BOCA RATON FL	
TITLE VPD	NAME MIRANDA, VICTOR	<input type="checkbox"/> Delete
STREET ADDRESS 5882 NW 25TH COURT	CITY-ST-ZIP BOCA RATON FL	
TITLE D	NAME BARRON, GUY	<input type="checkbox"/> Delete
STREET ADDRESS 5878 NW 25TH COURT	CITY-ST-ZIP BOCA RATON FL 33496	
TITLE	NAME	<input type="checkbox"/> Delete
STREET ADDRESS	CITY-ST-ZIP	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE PD	NAME ASHER, SHEILA	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS 5886 NW 25TH COURT	CITY-ST-ZIP BOCA RATON, FL 33496	
TITLE VPD	NAME MIRANDA, VICTOR	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS 5882 N.W. 25TH COURT	CITY-ST-ZIP BOCA RATON, FL 33496	
TITLE STD	NAME ORETSKY, LLOYD	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS 5875 NW 25TH COURT	CITY-ST-ZIP BOCA RATON, FL 33496	
TITLE D	NAME BARRON, GUY	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS 5878 NW 25TH COURT	CITY-ST-ZIP BOCA RATON, FL 33496	
TITLE	NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	CITY-ST-ZIP	

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *[Signature]* **SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR** **3/20/00** **561-241-7558**
 Date Daytime Phone #

CR2E037 (9/99)