2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

SIGNATURE

Apr 18, 2005 8:00 am Secretary of State DOCUMENT # N93000002025 1. Entity Name 04-18-2005 90294 030 ****70.00 VINTAGE ISLE HOMEOWNER'S ASSOCIATION, INC. Principal Place of Business Mailing Address \$ 70. 00 40060476 21045 COMMERCIAL TRAIL 21045 COMMERCIAL TRAIL **BOCA RATON FL 33486 BOCA RATON FL 33486** 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E037 (10/04) City & State City & State 4. FEI Number Applied For 65-0428189 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent WILLIAM K. ISAACSON Street Address (P.O. Box Number is Not Acceptable) 21045 COMMERCIAL TRAIL **BOCA RATON FL 33486** City Zip Code FL 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. I am familiar with, and accept the obligations of registered agent. SIGNATURE Signature, typed or printed name of registered agent and title if applicable FILE NOW: FEE IS \$61.25 Make Check Payable to 9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. Due By May 1, 2005 🖈 Added to Fees Florida Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 10, OFFICERS AND DIRECTORS 11 THILE 🔼 Delete TITLE ☐ Change ASHER, SHEILA NAME NAME 5886 NW 25TH COURT STREET ADDRESS STREET ADDRESS **BOCA RATON FL 33496** CITY-ST-ZIP CITY-ST-ZIP ☐ Delete ☐ Addition MIRANDA, VICTOR NAME NAME **5882 NW 25TH COURT** STREET ADDRESS STREET ADDRESS BOCA RATON FL 33496 CITY-ST-ZIP CITY-ST-7IP PD= Delete TITLE Change Addition ORETSKY, LLOYD NAME 5875 N.W. 25TH COURT STREET ADDRESS STREET ADDRESS **BOCA RATON FL 33496** CITY-ST-7IP CITY-ST-ZIP TITLE ☐ Defete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP TITLE ☐ Detete TITLE ☐ Addition NAME NAMÉ STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITL F ☐ Defete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 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 of truestee 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 a control of the corporation of the corpora

OFFICER OR DIRECTOR

FILED

Daytime Phone #