

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N93000002025

FILED  
Mar 12, 2009  
Secretary of State

Entity Name: VINTAGE ISLE HOMEOWNER'S ASSOCIATION, INC.

**Current Principal Place of Business:**

21045 COMMERCIAL TRAIL  
BOCA RATON, FL 33486 US

**New Principal Place of Business:**

6300 PARK OF COMMERCE BLVD  
BOCA RATON, FL 33487 US

**Current Mailing Address:**

21045 COMMERCIAL TRAIL  
BOCA RATON, FL 33486 US

**New Mailing Address:**

6300 PARK OF COMMERCE BLVD  
BOCA RATON, FL 33487 US

FEI Number: 65-0428189

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

ORETSKY, LLOYD  
5875 NW 25TH CT.  
BOCA RATON, FL 33496 US

**Name and Address of New Registered Agent:**

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:

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: VP ( ) Delete  
Name: HEPTA, ANDREW  
Address: 5898 NW 25 CT.  
City-St-Zip: BOCA RATON, FL 33496

Title: PD ( ) Delete  
Name: ORETSKY, LLOYD  
Address: 5875 N.W. 25TH COURT  
City-St-Zip: BOCA RATON, FL 33496

Title: ST ( ) Delete  
Name: ASHER, RICHARD  
Address: 5886 NW 25TH CT  
City-St-Zip: BOCA RATON, FL 33496

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: VP (X) Change ( ) Addition  
Name: POSNER, MICHAEL  
Address: 5882 NW 25 CT.  
City-St-Zip: BOCA RATON, FL 33496

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: LLOYD ORETSKY

PRES

03/12/2009

Electronic Signature of Signing Officer or Director

Date