FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

1996

DOCUMENT # N9300003756 (4)

VINTAGE OAKS PROPERTY OWNERS' ASSOCIATION, INC.

Principal Place of Business Mailing Address							·			
5752 VINTAGE OAKS CIRCLE DELRAY EBACH FL 33484 US		5752 VINTAGE OAKS CIRCLE								
		DELRAY EBACH FL 334 US	DELRAY EBACH FL 33484 US					.,		
						3. Date Incorporated or Qualified 08/19/1993 3a. Date of Last R 05/01/199			Report 995	
2. Principal Pla	ace of Business	2a. Mailing Address				4. FEI Number	Applied For			
21		26							Not Applicable	
Suite, Apt. (#, etc.	Suite, Apt. #, etc.			İ	5. Certificate of Status Desired			Additional Docuired	
City & State		City & State				6. Election Campaign Financing \$5.00 May Be				
23 City & State	•	28				Election Campaign Financing Trust Fund Contribution			May Be d to Fees	
Zip	Country	Zip	Co	untry			8. This corporation has liability for	intanoible ta		
24	25	29	30					☐ Yes [·
	9. Name and Address of Current	t Registered Agent		Ι.,			0. Name and Address of New F	egistered	Agent	
				81	Nan	10				
	CORPORATE AGENTS INC	82 3			Stre	et Address	(P.O. Box Number is Not Acceptab	le)		
	BAYSHORE DR									
19TH FLO				83						
MI AMI FL	. 33130			84	City			FL	85 Z	ρ Code
11 Purement t	to the provisions of Sections 617.0502	and 617 1508 Florida Statut	tes, the ah	NOVE-0	amed	i corporation	n submits this statement for the no	nose of ch	• anging its i	registered office
or register-	ed agent, or both, in the State of Florid th, and accept the obligations of, Section	ia. Such change was authoriz	zed by the	corpo	oration	n's board of	f directors. I hereby accept the app	ointment as	registered	agent. I am
SIGNATURE	Signature, typed or printed nanle of regulared against	and both at the both at the second se	OIE Bowle	cel A see	Leccont	ze required whe	in source doub!	DATE		
12.	OFFICERS AND		13		- aignate	a to recipitate a same	ADDITIONS/CHANGES TO OFF		DIRECTO	DRS IN 12
T:TLE	PVSD	DEFELE	DELETE 11T		1 TIFLE				☐ Change	Addition
NAME	Suttin, Eugene n		12	NAME						
STREET ADDRESS			1 3 STREET ADDRESS		ss					
CITY - ST - ZiP	DELRAY BEACH FL			14 CHY-ST-ZIP						
T:TLE	D			2 1 TITLE 2 2 NAME 2 3 STREET ADDRESS					☐ Change	Addition
NAME	SUTTIN, BONNIE L		22							
STREET ADDRESS						ss				
C(TY-ST-ZIP	DELRAY EBACH FL			2 4 CITY - ST - ZIP		_				
TITLE	U			31 TITLE					☐ Change	☐ Addition
NAME	·		3.2 NAME							
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NAME OFFICE ADOPERS			1	NAME	4000-	<u>.</u>				
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CITY - ST - ZIF TITLE		DELETE		4 4 CITY - ST 5 1 TITLE		+			Change	Addition
NAME		Dettie		5 2 NAME					C. G. Igo	
STREET ADDRESS				STREET	ADDRE	ss				
CITY - ST - ZIF				CITY-S		·				
TITLE		DELETE		TITLE	, - <u>,</u> F				Change	Addition
NAME				NAME					. = •	_
STREET ADORESS				STREET	ADDRE:	ss				
CITY-ST-ZIF				CITY-S						
	by certify that the information supplied y	vith this filing is voluntarily fur				qualify for th	ne exemption stated in Section 119	07(3)(k) El	orida Statu	tes. I further

4. To hereby certify that the information supplied with this similar is voluntarily itemsted and obes not quality for the exemption stated in Section 119 of lock, rivided statutes. I furnish that the information indicated of 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 time comparation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, of on all attachment with an address.

SIGNATURE:

SIGNATURE IND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

16/96 407-496-289

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