FILE NOW: FILING FEE IS \$61.25 **NONPROFIT** FLORIDA DEPARTMENT OF STATE CORPORATION Sandra B. Mortham ANNUAL REPORT Secretary of State 1996 DIVISION OF CORPORATIONS DOCUMENT # N 9300003756 VINTAGE OAKS PROPERTY ASSOCIATION DIKE Principal Place of Business Mailing Address 90 LANG MADAGEMENT (U. Snc. 5295 Town CTE RD #200 BOCA RATTON, ET 33486 3. Date Incorporated or Qualified 3a. Date of Last Report 8.19.1993 2. Principal Place of Business 2a. Mailing Address Applied For 21 26 Not Applicable Suite, Apt. #. etc. Suite, Apt. #, etc. \$8.75 Additional 22 5. Certificate of Status Desired Fee Required City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 28 Trust Fund Contribution Added to Fees Zip Country Zip Country 8. This corporation has liability for intangible tax under s. 199.032, 25 29 30 Florida Statutes ☐ Yes ☐ No 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent Lichard Burnstein 81 Name Kobeet Coepoeate Abents Inc. 2601 S. Bayshore Drive 82 Street Address (P.O. Box Number is Not Acceptable) 83 19th Floor City 84 11. Pursuant to be provisions of Sections 617,0502 and 617,1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office familiar with, and accept the obligations of Section 617,0503, Florida Statutes. Richard BURNSTEIN SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstalling) 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 PRES- UP TREAS- SEC DELETE TITLE 1.1 TITLE Change Addition NAME EUGENEN. SUTTINO 010 LANG MANAGEMENT 1.2 NAME **CR2E037** STREET ADDRESS 1.3 STREET ADDRESS BOCA PAIDS A 33433 5295 town ctr ed #200 CITY-ST-ZIP 1.4 CHTY-ST-ZIP TITLE DIRECTOR 21 TITLE Change Addition NAME Bonnie C. Suttin 2.2 NAME STREET ADDRESS 2.3 STREET ADDRESS SAME AS ABOUE CITY-ST-ZIP 2. 4 CITY-ST-ZIF TITLE DIRECTOR DELETE 31 TITLE + Change Addition NAME Kenneth Weitz 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS As About SAME CITY-ST-ZIP 3.4 CITY-S1-ZIP TITLE DELETE 4.1 TITLE Change ☐ Addition NAME 4. 2 NAME STREET ADDRESS 43 STREET ADDRESS CITY-ST-ZIP 4.4 CITY-ST-ZIP 800001856018 TITLE DELETE 5.1 TITLE -06/07/96--01073--024^{change} Addition NAME 5.2 NAME ***61.25 STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5.4 CITY-ST-ZIP TITLE DELETE 6.1 TITLE Change Addition NAME 6.2 NAME STREET ADDRESS 6.3 STREET ADDRESS CITY-ST-ZIP 6.4 CITY-ST-ZIP 14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on 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 appears in Block 12 or Block 13 if changed, or only in attachment with an address.

SIGNATURE:X

BIGNATURE AND TYPED OR PRINTED NAME OF SIGN