

**FILE NOW: FILING FEE IS \$61.25**

**FILED**  
**Apr 29 1998 8:00am**  
**Secretary of State**

NONPROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # N93000003756 (4)**

1. Corporation Name  
**VINTAGE OAKS PROPERTY OWNERS' ASSOCIATION, INC.**



Principal Place of Business <b>5752 VINTAGE OAKS CIRCLE                  DELRAY EBACH FL 33484                  US</b>	Mailing Address <b>5752 VINTAGE OAKS CIRCLE                  DELRAY EBACH FL 33484                  US</b>
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3. Date Incorporated or Qualified <b>08/19/1993</b>	
4. FEI Number <b>65-0583690</b>	Applied For <input type="checkbox"/> Not Applicable

2. Principal Place of Business <b>21</b>	2a. Mailing Address <b>26</b> <i>5295 Town Cntr Rd #200</i>
Suite, Apt. #, etc. <b>22</b>	Suite, Apt. #, etc. <b>27</b>
City & State <b>23</b>	City & State <b>28</b> <i>Boca Raton, FL</i>
Zip <b>24</b>	Country <b>25</b>
Country <b>29</b> <i>USA</i>	Zip <b>30</b> <i>33486</i>

5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input type="checkbox"/> No	
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent  
**BURNSTEIN, RICHARD  
 KOBERT CORPORATE AGENTS INC  
 2801 S. BAYSHORE DR  
 MIAMI FL 33133**

10. Name and Address of New Registered Agent  
**81 Name** *ISAACSON, Wm. K.*  
**82 Street Address (P.O. Box Number is Not Acceptable)** *40 LANG MANAGEMENT CO., INC*  
**83** *5295 TOWN CENTER RD., #200*  
**84 City** *BOCA RATON, FL* **85 Zip Code** *33486*

11. Pursuant to the 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 or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of Section 617.0503, Florida Statutes.  
 SIGNATURE: *[Signature]* DATE: *4/14/98*

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE <b>PVSD</b>	<input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME <b>SUTTIN, EUGENE N</b>		1.2 NAME	
STREET ADDRESS <b>5295 TOWN CNTR RD, #200</b>		1.3 STREET ADDRESS	
CITY-ST-ZIP <b>BOCA RATON FL 33433</b>		1.4 CITY-ST-ZIP	
TITLE <b>D</b>	<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME <b>SUTTIN, BONNIE C</b>		2.2 NAME	
STREET ADDRESS <b>5295 TOWN CNTR RD, #200</b>		2.3 STREET ADDRESS	
CITY-ST-ZIP <b>BOCA RATON FL 33433</b>		2.4 CITY-ST-ZIP	
TITLE <b>D</b>	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME <b>WEITZ, KENNETH</b>		3.2 NAME	
STREET ADDRESS <b>5295 TOWN CNTR RD, #200</b>		3.3 STREET ADDRESS	
CITY-ST-ZIP <b>BOCA RATON FL 33433</b>		3.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. 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 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 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *[Signature]* **EUGENE SUTTIN**

CR2E037 (10/97)