

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 10, 2001 8:00 am
Secretary of State

05-10-2001 90039 007 ****61.25

DOCUMENT # N93000003756

1. Entity Name

VINTAGE OAKS PROPERTY OWNERS' ASSOCIATION, INC.

Principal Place of Business

5752 VINTAGE OAKS CIRCLE
 DELRAY EBACH FL 33484
 US

Mailing Address

~~5295 TOWN CENTER ROAD~~
~~SUITE 200~~
 21045 Commercial Trail
 BOCA RATON FL 33486
 US

2. Principal Place of Business

3. Mailing Address

21045 Commercial Trail

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Boca Raton, FL

Zip

Country

Zip

Country

33486

USA

4. FEI Number

65-0583690

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

ISAACSON, WILLIAM K.
 LANG MANAGEMENT CO
~~5295 TOWN CENTER ROAD, SUITE 200~~
 BOCA RATON FL 33486

Name

William K. Isaacson

Street Address (P.O. Box Number is Not Acceptable)

21045 Commercial Trail

City

Boca Raton

FL

Zip Code

33486

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.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW:

FEE IS \$61.25

9. Election Campaign Financing
 Trust Fund Contribution. ☐

\$5.00 May Be
 Added to Fees

Make Check Payable to
 Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
 PVSD
 SUTTIN, EUGENE N
 5295 TOWN CNTR RD, #200
 BOCA RATON FL 33433 ☐ Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
 D
 SUTTIN, BONNIE C
 5295 TOWN CNTR RD, #200
 BOCA RATON FL 33433 ☐ Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
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 CITY-ST-ZIP
 D
 WEITZ, KENNETH
 5295 TOWN CNTR RD, #200
 BOCA RATON FL 33433 ☐ Delete

TITLE
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 CITY-ST-ZIP
☐ Change ☐ Addition

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☐ Change ☐ Addition

12. 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 or trustee 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 all other like empowered.

SIGNATURE:

Eugene N. Suttin

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/4/01

561-496-7899

CR2E037 (10/00)