


# 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Apr 29, 2004 8:00 am**  
**Secretary of State**

04-29-2004 90272 018 \*\*\*\*70.00

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 21045 COMMERCIAL TRAIL BOCA RATON FL 33486 US			
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 65-0583690	
Zip		Country		5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent WILLIAM K. ISAACSON, 21045 COMMERCIAL TRAIL BOCA RATON FL 33486			7. Name and Address of New Registered Agent		
Name			Name		
Street Address (P.O. Box Number is Not Acceptable)			Street Address (P.O. Box Number is Not Acceptable)		
City			City		
FL			Zip Code		
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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ (NOTE: Registered Agent Signature required when reinstating)					
FILE NOW: FEE IS \$61.25 Due By May 1, 2004		9. Election Campaign Financing <input checked="" type="checkbox"/> \$5.00 May Be Added to Fees		Make Check Payable to Florida Department of State	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	PVSD	<input checked="" type="checkbox"/> Delete	TITLE	VP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SUTTIN, EUGENE N		NAME	Stanley Barry	
STREET ADDRESS	5295 TOWN CNTR RD, #200		STREET ADDRESS	5935 Vintage Oaks Circle	
CITY-ST-ZIP	BOCA RATON FL 33433		CITY-ST-ZIP	Delray Beach, FL 33484	
TITLE	D	<input checked="" type="checkbox"/> Delete	TITLE	VP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SUTTIN, BONNIE C		NAME	Maynard Rabinowitz	
STREET ADDRESS	5295 TOWN CNTR RD, #200		STREET ADDRESS	5845 Vintage Oaks Court	
CITY-ST-ZIP	BOCA RATON FL 33433		CITY-ST-ZIP	Delray Beach, FL 33484	
TITLE	D	<input checked="" type="checkbox"/> Delete	TITLE	T	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WEITZ, KENNETH		NAME	Libby Stein	
STREET ADDRESS	5295 TOWN CNTR RD, #200		STREET ADDRESS	5959 Vintage Oaks Circle	
CITY-ST-ZIP	BOCA RATON FL 33433		CITY-ST-ZIP	Delray Beach, FL 33484	
TITLE		<input type="checkbox"/> Delete	TITLE	S	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME			NAME	Howard Davis	
STREET ADDRESS			STREET ADDRESS	5819 Vintage Oaks Circle	
CITY-ST-ZIP			CITY-ST-ZIP	Delray Beach, FL 33484	
TITLE		<input type="checkbox"/> Delete	TITLE	D	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME			NAME	Stuart Markowitz	
STREET ADDRESS			STREET ADDRESS	5799 Vintage Oaks Circle	
CITY-ST-ZIP			CITY-ST-ZIP	Delray Beach, FL 33484	
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
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: _____			4/29/04 561-865-5400		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date Daytime Phone #		