

**2006 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT (AR)**

FILED
Apr 07, 2006 8:00 am
Secretary of State

04-07-2006 90039 001 ****70.00



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1. Entity Name

VINTAGE OAKS PROPERTY OWNERS' ASSOCIATION, INC.

Principal Place of Business

Mailing Address

C/O LANG MANAGEMENT COMPANY
21045 COMMERCIAL TRAIL
BOCA RATON FL 33486
US

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

Zip

Country

Zip

Country

4. FEI Number

65-0583690

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

1st MOORE

CR2E037 (10/05)

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

LANG MANAGEMENT CO.,INC.
21045 COMMERCIAL TRAIL
BOCA RATON FL 33486

Name

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

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

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
Due By May 1, 2006

9. Election Campaign Financing Trust Fund Contribution.

\$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	P	<input type="checkbox"/> Delete
NAME	BARRY, STANLEY	
STREET ADDRESS	5935 WINTAGE OAKS CIR.	
CITY-ST-ZIP	DELRAY BEACH FL 33484	
TITLE	VP	<input type="checkbox"/> Delete
NAME	RABINOWITZ, MAYNARD	
STREET ADDRESS	5845 VINTAGE OAKS CT.	
CITY-ST-ZIP	DELRAY BEACH FL 33484	
TITLE	T	<input type="checkbox"/> Delete
NAME	STEIN, LIBBY	
STREET ADDRESS	5959 VINTAGE OAKS CIR.	
CITY-ST-ZIP	DELRAY BEACH FL 33484	
TITLE	S	<input type="checkbox"/> Delete
NAME	DAVIS, HOWARD	
STREET ADDRESS	5819 VINTAGE OAKS CIR.	
CITY-ST-ZIP	DELRAY BEACH FL 33484	
TITLE	D	<input type="checkbox"/> Delete
NAME	MARKOWITZ, STUART	
STREET ADDRESS	5799 VINTAGE OAKS CIR.	
CITY-ST-ZIP	DELRAY BEACH FL 33484	
TITLE	P	<input type="checkbox"/> Delete
NAME	NOVACK, MARTIN	
STREET ADDRESS	16355 VINTAGE OAK CIRCLE	
CITY-ST-ZIP	DELRAY BEACH FL 33484	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	DIRECTOR	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Martin Novack	
STREET ADDRESS		
CITY-ST-ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #