

**2007 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT (AR)**

FILED
Apr 20, 2007 8:00 am
Secretary of State

04-20-2007 90205 049 ****70.00



DOCUMENT # N93000003756
1. Entity Name
VINTAGE OAKS PROPERTY OWNERS' ASSOCIATION, INC.

Principal Place of Business Mailing Address
C/O LANG MANAGEMENT COMPANY 21045 COMMERCIAL TRAIL
21045 COMMERCIAL TRAIL BOCA RATON FL 33486
BOCA RATON FL 33486 US
US



2. Principal Place of Business - No P.O. Box # 3. Mailing Address
Suite, Apt. #, etc. Suite, Apt. #, etc.

1st MOORE CR2E037 (10/06)

City & State City & State
Zip Country Zip Country

4. FEI Number Applied For
65-0583690 Not Applicable
5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent
LANG MANAGEMENT CO., INC.
21045 COMMERCIAL TRAIL
BOCA RATON FL 33486

7. Name and Address of New Registered Agent
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, 2007

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

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	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	TREASURER	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	ARNOLD COHEN	
STREET ADDRESS	5533 VINTAGE OAKS TERRACE	
CITY-ST-ZIP	DELRAY BEACH, FL. 33484	
TITLE	DIRECTOR	<input checked="" 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		
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 the empowered.

SIGNATURE: _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

3/1/07