

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 05, 2008 8:00 am
Secretary of State

05-05-2008 90241 030 ****70.00

DOCUMENT # N29738

1. Entity Name
VINTAGE PLACE HOMEOWNERS ASSOCIATION, INC.



Principal Place of Business
**21045 COMMERCIAL TRAIL
BOCA RATON, FL 33486**

Mailing Address
**21045 COMMERCIAL TRAIL
BOCA RATON, FL 33486**

2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

04162008 Chg-NP CR2E037 (12/06)

4. FEI Number
65-0090494

Applied For
Not Applicable

5. Certificate of Status Desired ☒ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**WILLIAM K. ISAACSON,
C/O LANG MANAGEMENT COMPANY, 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

**Filing Fee is \$61.25
Due by May 1, 2008**

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 NAME | TS ZEIGER, BOB | <input type="checkbox"/> Delete |
| STREET ADDRESS | 6179 NW 24 TERR | |
| CITY-ST-ZIP | BOCA RATON, FL 33496 | |
| TITLE NAME | VPD LISTENGART, ED | <input type="checkbox"/> Delete |
| STREET ADDRESS | 2416 NW 62 ST | |
| CITY-ST-ZIP | BOCA RATON, FL 33496 | |
| TITLE NAME | PD FEIN, RICHARD | <input type="checkbox"/> Delete |
| STREET ADDRESS | 2451 NW 62NW ST | |
| CITY-ST-ZIP | BOCA RATON, FL 33496 | |
| TITLE NAME | SD MULLAUGH, DONNA | <input type="checkbox"/> Delete |
| STREET ADDRESS | 2456 NW 62 ST | |
| CITY-ST-ZIP | BOCA RATON, FL 33496 | |
| TITLE NAME | D SELBS, LINDA T | <input type="checkbox"/> Delete |
| STREET ADDRESS | 6173 NW 24 WAY | |
| CITY-ST-ZIP | BOCA RATON, FL 33496 | |
| TITLE NAME | | <input type="checkbox"/> Delete |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

| | | |
|----------------|----------------|--|
| TITLE NAME | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE NAME | <i>only</i> P | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE NAME | <i>only</i> VP | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE NAME | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE NAME | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 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 #