

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 17, 2008 8:00 am
Secretary of State

04-17-2008 90009 026 ****70.00

DOCUMENT # N43502 1. Entity Name VINTAGE ESTATES HOMEOWNER'S ASSOCIATION, INC.					
Principal Place of Business C/O LANG MGMT. CO. 21045 COMMERCIAL TRAIL BOCA RATON FL 33486 US			Mailing Address C/O LANG MGMT. CO. 21045 COMMERCIAL TRAIL BOCA RATON FL 33486 US		
2. Principal Place of Business - No P.O. Box Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		4. FEI Number 65-0326634	
5. Certificate of Status Desired ☐				Applied For ☐ Not Applicable	
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 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 (acceptable). (NOTE: Registered Agent signature required when reinstating)					
FILE NOW: 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			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD MITZNER, DONALD 2549 NW 59 ST. BOCA RATON FL 33496	☐ Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D NEWBERG, JERRY 2543 NW 59 ST BOCA RATON FL 33496	☒ Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD FRANK, GARY 2569 N.W. 59ST. BOCA RATON FL 33496	☐ Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD TUCKER, EDWARD 2502 NW 59TH ST BOCA RATON FL 33496	☐ Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD SUTTIN, BONNIE 2501 NW 59 STREET BOCA RATON FL 33496	☐ Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	John Heller 2537 NW 59 St Boca Raton, FL 33496	☐ Change ☒ Addition			
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: <i>Bonnie Suttin</i>					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					
Date <i>3/29/08</i> Daytime Phone # <i>561-9989316</i>					