2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 20, 2009
Secretary of State

DOCUMENT# N43502

Entity Name: VINTAGE ESTATES HOMEOWNER'S ASSOCIATION, INC.

Current Principal Place of Business:

C/O LANG MGMT. CO.
21045 COMMERCIAL TRAIL
BOCA RATON, FL 33486 US

New Principal Place of Business:

Current Mailing Address:

C/O LANG MGMT. CO.
21045 COMMERCIAL TRAIL
BOCA RATON, FL 33486 US

New Mailing Address:

FEI Number: 65-0326634 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

WILLIAM K. ISAACSON,
21045 COMMERCIAL TRAIL
BOCA RATON, FL 33486 US

Name and Address of New Registered Agent:

ISAACSON, WILLIAM K AGENT
21045 COMMERCIAL TRAIL
BOCA RATON, FL 33486 US

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.

SIGNATURE: WILLIAM K. ISAACSON 04/20/2009
Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

Title: PD ( ) Delete
Name: MITZNER, DONALD
Address: 2549 NW 59 ST.
City-St-Zip: BOCA RATON, FL 33496

Title: D ( ) Delete
Name: HELLER, JOHN
Address: 2537 NW 59 ST.
City-St-Zip: BOCA RATON, FL 33496

Title: TD ( ) Delete
Name: FRANK, GARY
Address: 2569 N.W. 59ST.
City-St-Zip: BOCA RATON, FL 33496

Title: VPD ( ) Delete
Name: TUCKER, EDWARD
Address: 2502 NW 59TH ST
City-St-Zip: BOCA RATON, FL 33496

Title: SD ( ) Delete
Name: SUTTIN, BONNIE
Address: 2501 NW 59 STREET
City-St-Zip: BOCA RATON, FL 33496

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: DONALD MITZNER PD 04/20/2009
Electronic Signature of Signing Officer or Director Date