2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N93000003756

FILED Apr 19, 2012 Secretary of State

Entity Name: VINTAGE OAKS PROPERTY OWNERS' ASSOCIATION, INC.

Current Principal Place of Business: New Principal Place of Business:

C/O LANG MANAGEMENT COMPANY
21045 COMMERCIAL TRAIL

C/O LANG MANAGEMENT COMPANY
21045 COMMERCIAL TRAIL

BOCA RATON, FL 33486 US BOCA RATON, FL 33486 US

Current Mailing Address: New Mailing Address:

21045 COMMERCIAL TRAIL

C/O LANG MANAGEMENT COMPANY
BOCA RATON, FL 33486 US

21045 COMMERCIAL TRAIL
21045 COMMERCIAL TRAIL

BOCA RATON, FL 33486 US

FEI Number: 65-0583690 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

LANG MANAGEMENT CO.,INC.

21045 COMMERCIAL TRAIL

BOCA RATON, FL 33486 US

ISAACSON, WILLIAM K
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 04/19/2012

Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

Title: VP

Name: ROMANO, JOSEPH

Address: 5711 VINTAGE OAKS CIRCLE City-St-Zip: DELRAY BEACH, FL 33484

Title: T

Name: COHEN, NORMAN

Address: 5728 VINTAGE OAKS CIRCLE City-St-Zip: DELRAY BEACH, FL 33484

Title: S

Name: SUBIN, FLORENCE

Address: 5903 VINTAGE OAKS CIRCLE City-St-Zip: DELRAY BEACH, FL 33484

Title: F

Name: SAXE, BRUCE

Address: 5919 VINTAGE OAKS CIRCLE City-St-Zip: DELRAY BEACH, FL 33484

Title:

Name: FRIEDMAN, PETER

Address: 5856 VINTAGE OAKS CIRCLE City-St-Zip: DELRAY BEACH, FL 33484

Title: D

Name: ABRAMS, ALLAN

Address: 5855 VINTAGE OAKS CIRCLE City-St-Zip: DELRAY BEACH, FL 33484

I hereby 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 all other like empowered.

SIGNATURE: BRUCE SAXE P 04/19/2012