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May 20 1997 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1997</b>		 FLORIDA DEPARTMENT OF STATE <b>Sandra B. Morthead</b> Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # <b>N38834</b> (0)			
1. Corporation Name <b>V.I.P. ISLAND HOMEOWNERS ASSOCIATION, INC.</b>			
Principal Place of Business <b>1121 N.W. 207TH ST. MIAMI FL 33169</b>		Mailing Address <b>P.O. BOX 16 GRANT FL 32949-0016</b>	
2. Principal Place of Business		2a. Mailing Address	
21 Suite, Apt. #, etc.		26 Suite, Apt. #, etc.	
22 City & State		27 City & State	
23 Zip		28 Zip	
24 Country		29 Country	
25		30	
9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	
81 Name <b>KURZBAN, MARVIN</b>		82 Street Address (P.O. Box Number is Not Acceptable)	
83		84 City	
85 Zip Code		86	
11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.			
SIGNATURE: _____ (NOTE: Registered Agent signature required when reinstating)			
DATE: _____			
12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE NAME STREET ADDRESS CITY - ST - ZIP		1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY - ST - ZIP	
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4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY - ST - ZIP		5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY - ST - ZIP	
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10.1 TITLE 10.2 NAME 10.3 STREET ADDRESS 10.4 CITY - ST - ZIP		11.1 TITLE 11.2 NAME 11.3 STREET ADDRESS 11.4 CITY - ST - ZIP	
12.1 TITLE 12.2 NAME 12.3 STREET ADDRESS 12.4 CITY - ST - ZIP		13.1 TITLE 13.2 NAME 13.3 STREET ADDRESS 13.4 CITY - ST - ZIP	
14.1 TITLE 14.2 NAME 14.3 STREET ADDRESS 14.4 CITY - ST - ZIP		15.1 TITLE 15.2 NAME 15.3 STREET ADDRESS 15.4 CITY - ST - ZIP	
16.1 TITLE 16.2 NAME 16.3 STREET ADDRESS 16.4 CITY - ST - ZIP		17.1 TITLE 17.2 NAME 17.3 STREET ADDRESS 17.4 CITY - ST - ZIP	
18.1 TITLE 18.2 NAME 18.3 STREET ADDRESS 18.4 CITY - ST - ZIP		19.1 TITLE 19.2 NAME 19.3 STREET ADDRESS 19.4 CITY - ST - ZIP	
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3. Date Incorporated or Qualified **06/27/1990** 3a. Date of Last Report **05/01/1996**

4. FEI Number **59-3070377** Applied For ☐ Not Applicable ☐

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

6. Election Campaign Financing Trust Fund Contribution ☐ **\$5.00 May Be Added to Fees**

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☒ No

10. Name and Address of New Registered Agent

81 Name  
82 Street Address (P.O. Box Number is Not Acceptable)  
83  
84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE: \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE: \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>PD OHRT, CHET BOX 488 GRANT FL 32949</b>	1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY - ST - ZIP	<b>PD RICK HILT BOX 678 N/A GRANT, FL. 32949</b>
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>D DAVIS, LEONARD P.O. BOX 538 N/A GRANT FL 32949</b>	2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY - ST - ZIP	<b>D PAT GREENE 1594 REGAL OAK DR. KISSIMMEE, FL. 34744</b>
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>D DOERING, BARBARA P.O. BOX 362 N/A GRANT FL 32949</b>	3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY - ST - ZIP	<b>D JOE FOSTER BOX 116 N/A GRANT, FL. 32949</b>
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TITLE NAME STREET ADDRESS CITY - ST - ZIP		50.1 TITLE 50.2 NAME 50.3 STREET ADDRESS 50.4 CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP		51.1 TITLE 51.2 NAME 51.3 STREET ADDRESS 51.4 CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP		52.1 TITLE 52.2 NAME 52.3 STREET ADDRESS 52.4 CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP		53.1 TITLE 53.2 NAME 53.3 STREET ADDRESS 53.4 CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP		54.1 TITLE 54.2 NAME 54.3 STREET ADDRESS 54.4 CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP		55.1 TITLE 55.2 NAME 55.3 STREET ADDRESS 55.4 CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP		56.1 TITLE 56.2 NAME 56.3 STREET ADDRESS 56.4 CITY - ST - ZIP	