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May 20 1997 8:00am
Secretary of State

NONPROFIT CORPORATION
ANNUAL REPORT
1997



FLORIDA DEPARTMENT OF STATE
Sandra B. Morthea
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N38834 (0)

1. Corporation Name

V.I.P. ISLAND HOMEOWNERS ASSOCIATION, INC.



Principal Place of Business

Mailing Address

1121 N.W. 207TH ST.
MIAMI FL 33169

P.O. BOX 16
GRANT FL 32949-0016

3. Date Incorporated or Qualified
06/27/1990

3a. Date of Last Report
05/01/1996

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

23 City & State

27 City & State

24 Zip

25 Country

29 Zip

30 Country

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

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

KURZBAN, MARVIN
2650 SW 27TH AVE
MIAMI FL 33133

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 Change Addition

TITLE PD
NAME OHRT, CHET
STREET ADDRESS BOX 488
CITY-ST-ZIP GRANT FL 32949

1.1 TITLE PD
1.2 NAME RICK HILT
1.3 STREET ADDRESS BOX 678 N/A
1.4 CITY-ST-ZIP GRANT, FL. 32949

TITLE D
NAME DAVIS, LEONARD
STREET ADDRESS P.O. BOX 538 N/A
CITY-ST-ZIP GRANT FL 32949

2.1 TITLE D
2.2 NAME PAT GREENE
2.3 STREET ADDRESS 1594 REGAL OAK DR.
2.4 CITY-ST-ZIP KISSIMMEE, FL. 34744

TITLE D
NAME DOERING, BARBARA
STREET ADDRESS P.O. BOX 362 N/A
CITY-ST-ZIP GRANT FL 32949

3.1 TITLE D
3.2 NAME JOE FOSTER
3.3 STREET ADDRESS BOX 116 N/A
3.4 CITY-ST-ZIP GRANT, FL. 32949

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

Signature Required
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
LEONARD DAVIS

4/12/97 (407) 984-8044
Date Daytime Phone # 0021107

CR2E037 (9/96)