

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION
ANNUAL REPORT
1996



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

FILED
May 01 1996 8:00 am
Secretary of State

DOCUMENT # 740640 (8)

1. Corporation Name
VIP NORTH OWNERS ASSOCIATION, INC.



Principal Place of Business *CORRECTED* Mailing Address
~~VDP NORTH~~ **VIP NORTH**
PO BOX 21195
SARASOTA FL 34276
US

3. Date Incorporated or Qualified **10/28/1977** 3a. Date of Last Report **02/01/1995**
4. FEI Number **59-2304879** 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

2. Principal Place of Business 2a. Mailing Address
21 **VIP NORTH** 26 **VIP NORTH**
Suite, Apt. #, etc. Suite, Apt. #, etc.
22 City & State 27 City & State
23 Zip 28 City & State
24 Country 29 Zip 30 Country

9. Name and Address of Current Registered Agent
~~WOLFGANG, BOB~~ **WOLFGANG, ROBERT**
~~2657 N. VILLAGE CT.~~ **3554 N. VILLAGE CT.**
SARASOTA FL 34231
NO CHANGE OF AGENT
INCORRECT SPELLING + ADDRESS CORRECTED

10. Name and Address of New Registered Agent
81 Name **WOLFGANG, ROBERT**
82 Street Address (P.O. Box Number is Not Acceptable) **3554 N. VILLAGE CT.**
83
84 City **SARASOTA** FL 85 Zip Code **34231**

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 obligation of, Section 617.0503, Florida Statutes.
SIGNATURE *Robert Wolfgang* (**ROBERT WOLFGANG, PRESIDENT**) DATE **4/27/96**

12. OFFICERS AND DIRECTORS

TITLE	V <input type="checkbox"/> DELETE
NAME	ARDELEAN, HERARDT INCORRECT SPELLING
STREET ADDRESS	3546 N. VILLAGE COURT INCORRECT ADDRESS
CITY-ST-ZIP	SARASOTA, FL 00000
TITLE	DT <input type="checkbox"/> DELETE
NAME	GERBER, HELEN
STREET ADDRESS	3506 AUBURN CT
CITY-ST-ZIP	SARASOTA FL
TITLE	PD <input type="checkbox"/> DELETE
NAME	WOLFGANG, ROBERT INCORRECT SPELLING
STREET ADDRESS	3550 N. VILLAGE CT
CITY-ST-ZIP	SARASOTA FL
TITLE	AT <input checked="" type="checkbox"/> DELETE
NAME	JOYCE, VIVIAN
STREET ADDRESS	3546 AUBURN CT.
CITY-ST-ZIP	SARASOTA FL
TITLE	S <input checked="" type="checkbox"/> DELETE
NAME	WARREN, AUDREY
STREET ADDRESS	3543 N. VILLAGE CT.
CITY-ST-ZIP	SARASOTA FL
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	FRANCOISE T/D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	ARDELEAN, GERARD
1.3 STREET ADDRESS	3526 N. VILLAGE CT
1.4 CITY-ST-ZIP	SARASOTA, FL 34231
2.1 TITLE	FRANCOISE, D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	GERBER, HELEN
2.3 STREET ADDRESS	3506 AUBURN CT.
2.4 CITY-ST-ZIP	SARASOTA, FL 34231
3.1 TITLE	FRANCOISE P/D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	WOLFGANG, ROBERT
3.3 STREET ADDRESS	3554 N. VILLAGE CT.
3.4 CITY-ST-ZIP	SARASOTA, FL 34231
4.1 TITLE	FRANCOISE V/D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	HOWEN, CARROLL
4.3 STREET ADDRESS	3552 AUBURN CT
4.4 CITY-ST-ZIP	SARASOTA, FL 34231
5.1 TITLE	FRANCOISE S/D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	LINZ, CAROLYN
5.3 STREET ADDRESS	3522 AUBURN CT.
5.4 CITY-ST-ZIP	SARASOTA, FL 34231
6.1 TITLE	FRANCOISE D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
6.2 NAME	RUSSELL, ROBERT
6.3 STREET ADDRESS	3514 AUBURN CT.
6.4 CITY-ST-ZIP	SARASOTA, FL 34231

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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: *Gerard T. Ardelean* **GERARD T. ARDELEAN** DATE: **4-5-96** 941-921-4533

CR2E037 (12/95)