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Feb 18 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997



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

DOCUMENT # 740640 (8)

1. Corporation Name

V I P NORTH OWNERS ASSOCIATION, INC.



Principal Place of Business

Mailing Address

VIP NORTH
PO BOX 21195
SARASOTA FL 34276
US

VIP NORTH
PO BOX 21195
SARASOTA FL 34276-4195
US

3. Date Incorporated or Qualified
10/28/1977

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

2. Principal Place of Business

2a. Mailing Address

4. FEI Number
59-2304879

Applied For
Not Applicable

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

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

22 City & State

27 City & State

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

23 Zip

Country

28 Zip

Country

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

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9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

NOLFGANG, BOB
3559 N. VILLAGE CT.
SARASOTA FL 34231

81 Name WOLFGANG, BOB

82 Street Address (P.O. Box Number is Not Acceptable)
3559 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 obligations of, Section 617.0503, Florida Statutes.

SIGNATURE Bob Wolfgang
Signature, typed or printed name of registered agent and title (applicable)

BOB WOLFGANG, PRESIDENT 2-12-97
(NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE TD DELETE
NAME ARDELEAN, GERARD
STREET ADDRESS 3546 N. VILLAGE COURT
CITY-ST-ZIP SARASOTA FL 34231

1.1 TITLE Change Addition
1.2 NAME
1.3 STREET ADDRESS 3526 N. VILLAGE CT.
1.4 CITY-ST-ZIP

TITLE D DELETE
NAME GERBER, HELEN
STREET ADDRESS 3506 AUBURN CT
CITY-ST-ZIP SARASOTA FL 34231

2.1 TITLE Change Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

TITLE PD DELETE
NAME WOLFGANG, ROBERT
STREET ADDRESS 3559 N VILLAGE CT
CITY-ST-ZIP SARASOTA FL 34231

3.1 TITLE Change Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

TITLE VD DELETE
NAME HOWEN, CARROLL
STREET ADDRESS 3552 AUBURN CT.
CITY-ST-ZIP SARASOTA FL 34231

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

TITLE SD DELETE
NAME LINZ, CAROLYN
STREET ADDRESS 3522 N. VILLAGE CT.
CITY-ST-ZIP SARASOTA FL 34231

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

TITLE D DELETE
NAME RUSSELL, ROBERT
STREET ADDRESS 3514 AUBURN COURT
CITY-ST-ZIP SARASOTA FL 34231

6.1 TITLE Change Addition
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: *Gerard Ardelean* ARDELEAN 2-12-97
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E037 (9/96)