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FILED

Feb 18 1997 8:00am  
Secretary of StateNONPROFIT  
CORPORATION  
ANNUAL REPORT  
1997FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # 740640 (8)

1. Corporation Name

VIP NORTH OWNERS ASSOCIATION, INC.



Principal Place of Business

Mailing Address

VIP NORTH  
PO BOX 21195  
SARASOTA FL 34276  
USVIP NORTH  
PO BOX 21195  
SARASOTA FL 34276-4195  
US3. Date Incorporated or Qualified  
10/28/19773a. Date of Last Report  
05/01/1996

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City &amp; State

27 City &amp; State

23 Zip

Country

28 Zip

Country

24

25

29

30

4. FEI Number

59-2304879

Applied For

Not Applicable

5. Certificate of Status Desired

☐\$8.75 Additional  
Fee Required6. Election Campaign Financing  
Trust Fund Contribution☐\$5.00 May Be  
Added to Fees8. 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

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

Bob Wolfgang

BOB WOLFGANG, PRESIDENT

2-12-97

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE TD  
NAME ARDELEAN, GERARD  
STREET ADDRESS 3546 N. VILLAGE COURT  
CITY-ST-ZIP SARASOTA FL 342311.1 TITLE  
1.2 NAME  
1.3 STREET ADDRESS 3526 N. VILLAGE CT.  
1.4 CITY-ST-ZIPTITLE D  
NAME GERBER, HELEN  
STREET ADDRESS 3506 AUBURN CT  
CITY-ST-ZIP SARASOTA FL 342312.1 TITLE  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIPTITLE PD  
NAME WOLFGANG, ROBERT  
STREET ADDRESS 3559 N VILLAGE CT  
CITY-ST-ZIP SARASOTA FL 342313.1 TITLE  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIPTITLE VD  
NAME HOWEN, CARROLL  
STREET ADDRESS 3552 AUBURN CT.  
CITY-ST-ZIP SARASOTA FL 342314.1 TITLE  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIPTITLE SD  
NAME LINZ, CAROLYN  
STREET ADDRESS 3522 N. VILLAGE CT.  
CITY-ST-ZIP SARASOTA FL 342315.1 TITLE  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIPTITLE D  
NAME RUSSELL, ROBERT  
STREET ADDRESS 3514 AUBURN COURT  
CITY-ST-ZIP SARASOTA FL 342316.1 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 and typed or printed name of signing officer or director

Date

Daytime Phone # 0064118

ARDELEAN 2-12-97

CR2E037 (9/96)