

FILE NOW: FILING FEE IS \$61.25

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Mar 19 1998 8:00am  
Secretary of State

<b>NONPROFIT CORPORATION</b> <b>ANNUAL REPORT</b> <b>1998</b>		<b>FLORIDA DEPARTMENT OF STATE</b> <b>Sandra B. Northam</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # 740640 (8)**

1. Corporation Name  
**V I P NORTH OWNERS ASSOCIATION, INC.**

Principal Place of Business <b>VIP NORTH PO BOX 21195 SARASOTA FL 34276 US</b>	Mailing Address <b>VIP NORTH PO BOX 21195 SARASOTA FL 34276 US</b>
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3. Date Incorporated or Qualified <b>10/28/1977</b>
4. FEI Number <b>59-2304879</b>
Applied For <input type="checkbox"/> Not Applicable

2. Principal Place of Business <b>21</b> Suite, Apt. #, etc. <b>22</b> City & State <b>23</b> Zip <b>24</b> Country	2a. Mailing Address <b>26</b> Suite, Apt. #, etc. <b>27</b> City & State <b>28</b> Zip <b>29</b> Country
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5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input type="checkbox"/> No
8. This corporation owes or has paid the current year intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**WOLFGANG, BOB  
3559 N. VILLAGE CT.  
SARASOTA FL 34231**

81 Name <b>DORIS NOCERA</b>
82 Street Address (P.O. Box Number is Not Acceptable) <b>3500 N VILLAGE CT</b>
83
84 City <b>SARASOTA</b> <b>FL</b> 85 Zip Code <b>34231</b>

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 Doris Nocera **DORIS NOCERA, PRES.** **3/10/98**  
(NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE <b>TD</b>	<input checked="" type="checkbox"/> DELETE
NAME <b>ARDELEAN, GERARD</b>	
STREET ADDRESS <b>3526 N VILLAGE CT</b>	
CITY-ST-ZIP <b>SARASOTA FL</b>	
TITLE <b>D</b>	<input type="checkbox"/> DELETE
NAME <b>GERBER, HELEN</b>	
STREET ADDRESS <b>3506 AUBURN CT</b>	
CITY-ST-ZIP <b>SARASOTA FL 34231</b>	
TITLE <b>PD</b>	<input checked="" type="checkbox"/> DELETE
NAME <b>WOLFGANG, ROBERT</b>	
STREET ADDRESS <b>3559 N VILLAGE CT</b>	
CITY-ST-ZIP <b>SARASOTA FL 34231</b>	
TITLE <b>VD</b>	<input checked="" type="checkbox"/> DELETE
NAME <b>HOWEN, CARROLL</b>	
STREET ADDRESS <b>3552 AUBURN CT.</b>	
CITY-ST-ZIP <b>SARASOTA FL 34231</b>	
TITLE <b>SD</b>	<input checked="" type="checkbox"/> DELETE
NAME <b>LINZ, CAROLYN</b>	
STREET ADDRESS <b>3522 N. VILLAGE CT.</b>	
CITY-ST-ZIP <b>SARASOTA FL 34231</b>	
TITLE <b>D</b>	<input type="checkbox"/> DELETE
NAME <b>RUSSELL, ROBERT</b>	
STREET ADDRESS <b>3514 AUBURN COURT</b>	
CITY-ST-ZIP <b>SARASOTA FL 34231</b>	

1.1 TITLE <b>PRES / DIRECTOR</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME <b>DORIS NOCERA</b>	
1.3 STREET ADDRESS <b>3500 N VILLAGE CT</b>	
1.4 CITY-ST-ZIP <b>SARASOTA FL 34231</b>	
2.1 TITLE <b>VPD</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME <b>JOAN MURPHY</b>	
2.3 STREET ADDRESS <b>3545 N VILLAGE CT</b>	
2.4 CITY-ST-ZIP <b>SARASOTA FL 34231</b>	
3.1 TITLE <b>SD</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME <b>JOAN SWANGER</b>	
3.3 STREET ADDRESS <b>3512 AUBURN CT</b>	
3.4 CITY-ST-ZIP <b>SARASOTA FL 34231</b>	
4.1 TITLE <b>TJ</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME <b>HELEN GERBER</b>	
4.3 STREET ADDRESS <b>3506 AUBURN CT</b>	
4.4 CITY-ST-ZIP <b>SARASOTA FL 34231</b>	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME <b>ROBERT RUSSELL</b>	
6.3 STREET ADDRESS <b>3514 AUBURN COURT</b>	
6.4 CITY-ST-ZIP <b>SARASOTA FL 34231</b>	

14. I 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: Helen Gerber **HELEN GERBER** **3/10/98**

CR2E037 (10/97)