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Mar 19 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham 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		Mailing Address	
VIP NORTH PO BOX 21195 SARASOTA FL 34276 US		VIP NORTH PO BOX 21195 SARASOTA FL 34276 US	
21	2. Principal Place of Business	26	2a. Mailing Address
22	Suite, Apt. #, etc.	27	Suite, Apt. #, etc.
23	City & State	28	City & State
24	Zip	29	Zip
25	Country	30	Country

3. Date Incorporated or Qualified	10/28/1977	
4. FEI Number	59-2304879	Applied For <input type="checkbox"/> Yes <input checked="" type="checkbox"/> Not Applicable
5. Certificate of Status Desired	<input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution	<input type="checkbox"/>	\$5.00 May Be Added to Fees
7. Is this nonprofit corporation a homeowners association?	<input type="checkbox"/> Yes <input checked="" 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 checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent

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

10. Name and Address of New Registered Agent

81	Name	DORIS NOCERA	
82	Street Address (P.O. Box Number is Not Acceptable)	3500 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 Doris Nocera **DORIS NOCERA, PRES.** DATE **3/10/98**

Signature typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	TD	1.1 TITLE	PRES / DIRECTOR <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	ARDELEAN, GERARD <input checked="" type="checkbox"/> DELETE	1.2 NAME	DORIS NOCERA
STREET ADDRESS	3526 N VILLAGE CT	1.3 STREET ADDRESS	3500 N VILLAGE CT
CITY-ST-ZIP	SARASOTA FL	1.4 CITY-ST-ZIP	SARASOTA FL 34231
TITLE	D	2.1 TITLE	VPD <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	GERBER, HELEN <input type="checkbox"/> DELETE	2.2 NAME	JOAN MURPHY
STREET ADDRESS	3506 AUBURN CT	2.3 STREET ADDRESS	3545 N VILLAGE CT
CITY-ST-ZIP	SARASOTA FL 34231	2.4 CITY-ST-ZIP	SARASOTA FL 34231
TITLE	PD	3.1 TITLE	SD <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	WOLFGANG, ROBERT <input checked="" type="checkbox"/> DELETE	3.2 NAME	JOAN SWANGER
STREET ADDRESS	3559 N VILLAGE CT	3.3 STREET ADDRESS	3512 AUBURN CT
CITY-ST-ZIP	SARASOTA FL 34231	3.4 CITY-ST-ZIP	SARASOTA FL 34231
TITLE	VD	4.1 TITLE	TJ <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HOWEN, CARROLL <input checked="" type="checkbox"/> DELETE	4.2 NAME	HELEN GERBER
STREET ADDRESS	3552 AUBURN CT.	4.3 STREET ADDRESS	3506 AUBURN CT
CITY-ST-ZIP	SARASOTA FL 34231	4.4 CITY-ST-ZIP	SARASOTA FL 34231
TITLE	SD	5.1 TITLE	
NAME	LINZ, CAROLYN <input checked="" type="checkbox"/> DELETE	5.2 NAME	
STREET ADDRESS	3522 N. VILLAGE CT.	5.3 STREET ADDRESS	
CITY-ST-ZIP	SARASOTA FL 34231	5.4 CITY-ST-ZIP	
TITLE	D	6.1 TITLE	
NAME	RUSSELL, ROBERT <input type="checkbox"/> DELETE	6.2 NAME	ROBERT RUSSELL
STREET ADDRESS	3514 AUBURN COURT	6.3 STREET ADDRESS	3514 AUBURN COURT
CITY-ST-ZIP	SARASOTA FL 34231	6.4 CITY-ST-ZIP	SARASOTA FL 34231

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** DATE **3/10/98**

CR2E037 (10/97)