


FILE NOW: FILING FEE IS \$61.25

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Apr 23, 1999 8:00 am
Secretary of State

04-23-1999 90017 009 ****61.25

NONPROFIT CORPORATION ANNUAL REPORT 1999				FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # 740640					
1. Corporation Name V I P NORTH OWNERS ASSOCIATION, INC.					
Principal Place of Business VIP NORTH PO BOX 21195 SARASOTA FL 34276 US			Mailing Address VIP NORTH PO BOX 21195 SARASOTA FL 34276 US		



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21 Suite, Apt. #, etc.		26 Suite, Apt. #, etc.		10/28/1977	
22 City & State		27 City & State		4. FEI Number	
23 Zip Country		28 Zip Country		59-2304879	
24		29		30	
9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent	
NOCERA, DORIS 3500 N VILLAGE CT SARASOTA FL 34231				81 Name	
				82 Street Address (P.O. Box Number is Not Acceptable)	
				83	
				84 City	
				85 Zip Code	
FL					

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		(NOTE: Registered Agent signature required when reinstating)		DATE	
12. OFFICERS AND DIRECTORS					
TITLE	PD	<input type="checkbox"/> DELETE			
NAME	NORCERA, DORIS				
STREET ADDRESS	3500 N VILLAGE CT				
CITY-ST-ZIP	SARASOTA FL 34231				
TITLE	VPD	<input checked="" type="checkbox"/> DELETE			
NAME	MURPHY, JOAN				
STREET ADDRESS	3545 N VILLAGE CT				
CITY-ST-ZIP	SARASOTA FL 34231				
TITLE	SD	<input type="checkbox"/> DELETE			
NAME	SWANGER, JOAN				
STREET ADDRESS	3512 AUBURN CT				
CITY-ST-ZIP	SARASOTA FL 34231				
TITLE	TD	<input checked="" type="checkbox"/> DELETE			
NAME	GERBER, HELEN				
STREET ADDRESS	3506 AUBURN CT				
CITY-ST-ZIP	SARASOTA FL 34231				
TITLE	D	<input checked="" type="checkbox"/> DELETE			
NAME	RUSSELL, ROBERT				
STREET ADDRESS	3514 AUBURN CIR				
CITY-ST-ZIP	SARASOTA FL 34231				
TITLE		<input type="checkbox"/> DELETE			
NAME					
STREET ADDRESS					
CITY-ST-ZIP					
13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12					
1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition				
1.2 NAME	PD				
1.3 STREET ADDRESS	NOCERA, DORIS				
1.4 CITY-ST-ZIP	3500 N VILLAGE CT				
2.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition				
2.2 NAME	VPD				
2.3 STREET ADDRESS	FETTER, DIANE				
2.4 CITY-ST-ZIP	3533 N VILLAGE CT				
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
3.2 NAME	SD				
3.3 STREET ADDRESS	SWANGER, JOAN				
3.4 CITY-ST-ZIP	3512 AUBURN CT				
4.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition				
4.2 NAME	TD				
4.3 STREET ADDRESS	MINDLIN, JEAN P				
4.4 CITY-ST-ZIP	3502 N VILLAGE CT				
5.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition				
5.2 NAME	D				
5.3 STREET ADDRESS	STANSBURY, HELEN				
5.4 CITY-ST-ZIP	3554 AUBURN CT				
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
6.2 NAME					
6.3 STREET ADDRESS					
6.4 CITY-ST-ZIP					

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 all other like empowered.

SIGNATURE:

SIC DORIS NOCERA **REQUIRED**

Doris Nocera

3/2/99

(941) 925-7592

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (11/98)