

FILE NOW: FILING FEE IS \$61.25

FILED
Apr 23, 1999 8:00 am
Secretary of State

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

0068615

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
---	---



21 Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified 10/28/1977
22 Suite, Apt. #, etc.	27 Suite, Apt. #, etc.	4. FEI Number 59-2304879
23 City & State	28 City & State	Applied For <input type="checkbox"/> Not Applicable
24 Zip	29 Zip	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
25 Country	30 Country	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees

9. Name and Address of Current Registered Agent

NOCERA, DORIS
3500 N VILLAGE CT
SARASOTA FL 34231

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City **FL** 85 Zip Code

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

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 SARASOTA FL 34231	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.1 TITLE	VPD	
2.2 NAME	FETTER, DIANE	
2.3 STREET ADDRESS	3533 N VILLAGE CT	
2.4 CITY-ST-ZIP	SARASOTA FL 34231	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.1 TITLE	SD	
3.2 NAME	SWANGER, JOAN	
3.3 STREET ADDRESS	3512 AUBURN CT	
3.4 CITY-ST-ZIP	SARASOTA FL 34231	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.1 TITLE	TD	
4.2 NAME	MINDLIN, JEAN P	
4.3 STREET ADDRESS	3502 N VILLAGE CT	
4.4 CITY-ST-ZIP	SARASOTA FL 34231	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.1 TITLE	D	
5.2 NAME	STANSBURY, HELEN	
5.3 STREET ADDRESS	3554 AUBURN CT	
5.4 CITY-ST-ZIP	SARASOTA FL 34231	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
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 _____, 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 (1/198)