

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 27, 2000 8:00 am**  
**Secretary of State**

03-27-2000 90086 010 \*\*\*\*61.25

**DOCUMENT # 740640**

1. Entity 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 34276-4195  
 US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

**59-2304879**

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

**\$8.75** Additional Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**NOCERA, DORIS**  
**3500 N VILLAGE CT**  
**SARASOTA FL 34231**

Name  
**Gerard Ted Ardelean**  
 Street Address (P.O. Box Number is Not Acceptable)  
**3526 N. Village Ct**  
**Sarasota FL 34231**  
 City **FL** Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the state of Florida.

SIGNATURE

*Gerard T. Ardelean*

**3-23-00**

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW:**  
**FEE IS \$61.25**

9. Election Campaign Financing Trust Fund Contribution.

**\$5.00** May Be Added to Fees

**Make Check Payable to Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **PD**  Delete  
 NAME **NORCERA, DORIS**  
 STREET ADDRESS **3500 N VILLAGE CT**  
 CITY-ST-ZIP **SARASOTA FL 34231**

TITLE **PD**  Change  Addition  
 NAME **Robert Wolfgang**  
 STREET ADDRESS **3559 N. Village Ct.**  
 CITY-ST-ZIP **Sarasota FL 34231**

TITLE **VPD**  Delete  
 NAME **FETTER, DOAME**  
 STREET ADDRESS **3533 N VILLAGE CT**  
 CITY-ST-ZIP **SARASOTA FL 34231**

TITLE **SD**  Change  Addition  
 NAME **Carolyn Linz**  
 STREET ADDRESS **3522 Auburn Ct**  
 CITY-ST-ZIP **Sarasota FL 34231**

TITLE **SD**  Delete  
 NAME **SWANGER, JOAN**  
 STREET ADDRESS **3512 AUBURN CT**  
 CITY-ST-ZIP **SARASOTA FL 34231**

TITLE **TD**  Change  Addition  
 NAME **Gerard Ted Ardelean**  
 STREET ADDRESS **3526 N. Village Ct**  
 CITY-ST-ZIP **Sarasota FL 34231**

TITLE **TD**  Delete  
 NAME **MINDLIN, JEAN P**  
 STREET ADDRESS **3502 N VILLAGE CT**  
 CITY-ST-ZIP **SARASOTA FL 34231**

TITLE **D**  Change  Addition  
 NAME **James R. Amos**  
 STREET ADDRESS **3507 N. Village Ct**  
 CITY-ST-ZIP **Sarasota FL 34231**

TITLE **D**  Delete  
 NAME **STANSBURY, HELEN**  
 STREET ADDRESS **3554 AUBURN CT**  
 CITY-ST-ZIP **SARASOTA FL 34231**

TITLE **VPD**  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP  Delete

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP  Change  Addition

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

*Gerard T. Ardelean*

**3-23-00**

**941-921-4533**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/99)