

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 08, 2001 8:00 am
Secretary of State

0077002

DOCUMENT # 740640

1. Entity Name

V I P NORTH OWNERS ASSOCIATION, INC.

02-08-2001 90044 049 ****61.25

Principal Place of Business

Mailing Address

VIP NORTH
 PO BOX 21195
 SARASOTA FL 34276
 US

VIP NORTH
 PO BOX 21195
 SARASOTA FL 34276
 US



DO NOT WRITE IN THIS SPACE

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

ARDELEAN, GERARD T
3526 N. VILLAGE CT
SARASOTA FL 34231

Name

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

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

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
 NAME: WOLFGANG, ROBERT Delete
 STREET ADDRESS: 3559 N. VILLAGE CT
 CITY-ST-ZIP: SARASOTA FL 34231

TITLE: Change Addition
 NAME: Change Addition
 STREET ADDRESS: Change Addition
 CITY-ST-ZIP: Change Addition

TITLE: SD
 NAME: LINZ, CAROLYN Delete
 STREET ADDRESS: 3522 AUBURN CT.
 CITY-ST-ZIP: SARASOTA FL 34231

TITLE: SD Change Addition
 NAME: ~~SWANGER, JOAN~~ SWANGER, JOAN
 STREET ADDRESS: 3512 AUBURN CT.
 CITY-ST-ZIP: SARASOTA FL 34231

TITLE: TD
 NAME: ARDELEAN, GERARD T Delete
 STREET ADDRESS: 3526 N. VILLAGE CT
 CITY-ST-ZIP: SARASOTA FL 34231

TITLE: Change Addition
 NAME: Change Addition
 STREET ADDRESS: Change Addition
 CITY-ST-ZIP: Change Addition

TITLE: D
 NAME: AMOS, JAMES R Delete
 STREET ADDRESS: 3507 N. VILLAGE CT
 CITY-ST-ZIP: SARASOTA FL 34231

TITLE: Change Addition
 NAME: Change Addition
 STREET ADDRESS: Change Addition
 CITY-ST-ZIP: Change Addition

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

TITLE: VD Change Addition
 NAME: ROSEN, ARNOLD
 STREET ADDRESS: 3516 N. VILLAGE CT
 CITY-ST-ZIP: SARASOTA FL 34231

TITLE: Delete
 NAME: Delete
 STREET ADDRESS: Delete
 CITY-ST-ZIP: Delete

TITLE: Change Addition
 NAME: Change Addition
 STREET ADDRESS: Change Addition
 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:

SIGNATURE REQUIRED
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/6/01

Date

921-4533

Daytime Phone #

CR2E037 (10/00)