

# 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Feb 04, 2004 8:00 am**  
**Secretary of State**

02-04-2004 90076 032 \*\*\*\*61.25

**DOCUMENT # 740640**

1. Entity Name

VIP 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

24007969



MOORE CR2E037 (11/03)

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-2304879

Applied For

Not Applicable

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

*Gerard T Ardelean*

1-28-04

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**

**Due By May 1, 2004**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

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

**Make Check Payable to  
Florida Department of State**

10. OFFICERS AND DIRECTORS

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

TITLE SD  
NAME SWANGER, JOAN ☐ Delete  
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 D  
NAME AMOS, JAMES R ☒ Delete  
STREET ADDRESS 3507 N. VILLAGE CT  
CITY-ST-ZIP SARASOTA FL 34231

TITLE VD  
NAME ROSEN, ARNOLD ☒ Delete  
STREET ADDRESS 3516 AUBURN CT  
CITY-ST-ZIP SARASOTA FL 34231

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

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

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

TITLE ☐ Change ☒ Addition  
NAME D  
STREET ADDRESS ORVILLE KIRCHHOFF  
CITY-ST-ZIP 3530 AUBURN CT.  
SARASOTA, FL 34231

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

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

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*

1-28-04

941-921-4533

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #