

**2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)**

**FILED**  
**Feb 09, 2005 8:00 am**  
**Secretary of State**

02-09-2005 90039 003 \*\*\*\*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**

2. Principal Place of Business Suite, Apt. #, etc.  
 3. Mailing Address Suite, Apt. #, etc.

City & State City & State

Zip Country Zip Country



1st MOORE CR2E037 (10/04)

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

7. Name and Address of New Registered Agent.  
 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* **2-5-05**  
 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, 2005**

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	<input checked="" type="checkbox"/> Delete
NAME	WOLFGANG, ROBERT	
STREET ADDRESS	3559 N. VILLAGE CT	
CITY-ST-ZIP	SARASOTA FL 34231	
TITLE	SD	<input checked="" type="checkbox"/> Delete
NAME	SWANGER, JOAN	
STREET ADDRESS	3512 AUBURN CT	
CITY-ST-ZIP	SARASOTA FL 34231	
TITLE	TD	<input type="checkbox"/> Delete
NAME	ARDELEAN, GERARD T	
STREET ADDRESS	3526 N. VILLAGE CT	
CITY-ST-ZIP	SARASOTA FL 34231	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	KIRCHHOFF, ORVILLE	
STREET ADDRESS	3530 AUBURN CT.	
CITY-ST-ZIP	SARASOTA FL 34231	
TITLE	VD	<input checked="" type="checkbox"/> Delete
NAME	ROSEN, ARNOLD	
STREET ADDRESS	3516 AUBURN CT	
CITY-ST-ZIP	SARASOTA FL 34231	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	PD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MAYNARD, ROBERT	
STREET ADDRESS	3518 N. VILLAGE CT.	
CITY-ST-ZIP	SARASOTA, FL 34231	
TITLE	SD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	FREY, CAROL	
STREET ADDRESS	3534 AUBURN CT	
CITY-ST-ZIP	SARASOTA, FL 34231	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	JUMA, ABDUL	
STREET ADDRESS	3516 N. VILLAGE CT.	
CITY-ST-ZIP	SARASOTA, FL 34231	
TITLE	VD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	PYE, IRVING	
STREET ADDRESS	3508 N. VILLAGE CT	
CITY-ST-ZIP	SARASOTA, FL 34231	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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: *Carol Frey* **2-5-05** **941-922-0459**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #