


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 21, 2006 8:00 am
Secretary of State

02-21-2006 90030 028 ****61.25

DOCUMENT # 740640		
1. Entity Name V I P NORTH OWNERS ASSOCIATION, INC.		

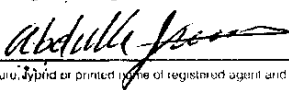
Principal Place of Business VIP NORTH PO BOX 21195 SARASOTA FL 34276 US	Mailing Address VIP NORTH PO BOX 21195 SARASOTA FL 34276 US
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2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

1st MOORE CR2E037 (10/05)

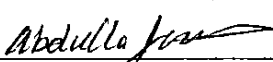
6. Name and Address of Current Registered Agent ARDELEAN, GERARD T 3526 N. VILLAGE CT SARASOTA FL 34231		7. Name and Address of New Registered Agent Name ABDULLA JUMA Street Address (P.O. Box Number is Not Acceptable) 3516 NORTH VILLAGE CT City SARASOTA FL 34231	
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8. 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  ABDULLA JUMA	DATE 02/06/2006

FILE NOW: FEE IS \$61.25 Due By May 1, 2006	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	Make Check Payable to Florida Department of State
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD MAYNARD, ROBERT 3518 NORTH VILLAGE COURT SARASOTA FL 34231 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD REGINA WOLFGANG 3559 NORTH VILLAGE COURT SARASOTA, FL. 34231-8244 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD FREY, CAROL 3554 AUBURN COURT SARASOTA FL 34231 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD ARDELEAN, GERARD T 3526 N. VILLAGE CT SARASOTA FL 34231 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD RUTH SELICK 3507 NORTH VILLAGE COURT SARASOTA, FL. 34231-8244 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D JUMA, ABDUL 3516 NORTH VILLAGE COURT SARASOTA FL 34231 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD PYE, IRVING 3508 NORTH VILLAGE COURT SARASOTA FL 34231 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD CARMEN BARRETT 3543 NORTH VILLAGE COURT SARASOTA, FL. 34231-8244 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, 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:  **ABDULLA JUMA** 02/06/2006 941-926-4501