

# 2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 740640

FILED  
Feb 16, 2012  
Secretary of State

**Entity Name:** V I P NORTH OWNERS ASSOCIATION, INC.

**Current Principal Place of Business:**

VIP NORTH  
3555 N VILLAGE CT  
SARASOTA, FL 34231 US

**New Principal Place of Business:**

**Current Mailing Address:**

VIP NORTH  
PO BOX 21195  
SARASOTA, FL 34276 US

**New Mailing Address:**

**FEI Number:** 59-2304879

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

WOLFGANG, BOB  
3555 N VILLAGE CT  
SARASOTA, FL 34231 US

**Name and Address of New Registered Agent:**

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:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: S  
Name: MILLER, DENISE  
Address: 3528 AUBURN CT  
City-St-Zip: SARASOTA, FL 34231

Title: AT  
Name: SPAZIANO, MARY  
Address: 3536 AUBURN CT.  
City-St-Zip: SARASOTA, FL 34231

Title: P  
Name: HOUCK, RALPH  
Address: 3539 N VILLAGE CT  
City-St-Zip: SARASOTA, FL 34231

Title: T  
Name: WOLFGANG, BOB  
Address: 3555 N VILLAGE CT  
City-St-Zip: SARASOTA, FL 34231

Title: VP  
Name: WOLFGANG, REGINA  
Address: 3559 N. VILLAGE CT.  
City-St-Zip: SARASOTA, FL 34231

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

**SIGNATURE:** BOB WOLFGANG

T

02/16/2012

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date