

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

FILED
Mar 18, 2005 8:00 am
Secretary of State

03-18-2005 90064 042 ****61.25

DOCUMENT # N38834

1. Entity Name

V.I.P. ISLAND HOMEOWNERS ASSOCIATION, INC.



Principal Place of Business

P O BOX 16
GRAND ISLAND FL 32949

Mailing Address

P O BOX 16
GRAND ISLAND FL 32949

2. Principal Place of Business

PO BOX 16

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

GRANT

City & State

LA

Zip

32949

Country

BROVARD

Zip

Country

4. FEI Number

59-3070377

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

MANN, BERNARD S
4636 GRANT RD
GRANT FL 32949

7. Name and Address of New Registered Agent

Name

SAME

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

[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
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 P ☐ Delete
NAME MANN, BERNIE
STREET ADDRESS 4636 SANDLAKE DR
CITY-ST-ZIP GRANT FL 32949

TITLE VP ☐ Delete
NAME KENDALL, SUE
STREET ADDRESS 5500 SANDLAKE DR
CITY-ST-ZIP MELBOURNE FL 32934

TITLE T ☐ Delete
NAME BRUGGER, LUCILLE
STREET ADDRESS P.O. BOX 556
CITY-ST-ZIP GRANT FL 32949

TITLE S ☐ Delete
NAME MCLEARN, SHARON
STREET ADDRESS 996 HOBBS ALLEY
CITY-ST-ZIP ORLANDO FL 32803

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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

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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:

[Signature]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #