

# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N38834

FILED  
Feb 05, 2006  
Secretary of State

Entity Name: V.I.P. ISLAND HOMEOWNERS ASSOCIATION, INC.

## Current Principal Place of Business:

P O BOX 16  
GRAND ISLAND, FL 32949

## New Principal Place of Business:

P O BOX 16  
GRANT, FL 32949

## Current Mailing Address:

P O BOX 16  
GRAND ISLAND, FL 32949

## New Mailing Address:

P O BOX 16  
GRANT, FL 32949

FEI Number: 59-3070377

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

MANN, BERNARD S  
4636 GRANT RD  
GRANT, FL 32949 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: P ( ) Delete  
Name: MANN, BERNIE  
Address: 4636 SAMDLAKE DR  
City-St-Zip: GRANT, FL 32949

Title: VP ( ) Delete  
Name: KENDELL, SUE  
Address: 5500 SANDLAKE DR  
City-St-Zip: MELBOURNE, FL 32934

Title: T ( ) Delete  
Name: BRUGGER, LUCILLE  
Address: P.O. BOX 556  
City-St-Zip: GRANT, FL 32949

Title: S ( ) Delete  
Name: MCLEARN, SHARON  
Address: 996 HOBBS ALLEY  
City-St-Zip: ORLANDO, FL 32803

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change ( ) Addition  
Name: MCLEARN, KEVIN  
Address: P.O. BOX 229  
City-St-Zip: GRANT, FL 32949

Title: VP (X) Change ( ) Addition  
Name: PALMER, CHARLIE  
Address: 4004 SHADY OAK CT.  
City-St-Zip: LAKE MARY, FL 32746

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: S (X) Change ( ) Addition  
Name: MCLEARN, SHARON  
Address: P.O. BOX 229  
City-St-Zip: GRANT, FL 32949

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further 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 an address, with all other like empowered.

SIGNATURE: KEVIN MCLEARN

P

02/05/2006

Electronic Signature of Signing Officer or Director

Date