

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 18, 2008 8:00 am
Secretary of State

02-18-2008 90002 038 ****61.25

DOCUMENT # N38834

1. Entity Name

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



Principal Place of Business

31 VIP ISLAND A
GRANT FL 32949

Mailing Address

P O BOX 16
GRANT FL 32949



2. Principal Place of Business - No P.O. Box # 16

3. Mailing Address

P O BOX 16

Suite, Apt. #, etc.

Suite, Apt. #, etc.

1st MOORE

CR2E037 (10/07)

City & State

GRANT

City & State

GRANT

4. FEI Number

59-3070377

Applied For

Not Applicable

Zip

32949

Country

BREVARD

Zip

32949

Country

BREVARD

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

MANN, BERNARD S
4636 GRANT RD
GRANT FL 32949

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

Signature, typed or printed name of registered agent and title (if applicable).

(NOTE: Registered Agent Signature is required when reinstating)

DATE

FILE NOW: FEE IS \$61.25
Due By May 1, 2008

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
NAME MCLEARN, KEVIN ☐ Delete
STREET ADDRESS P.O. BOX 229
CITY- ST- ZIP GRANT FL 32949

TITLE VP
NAME MILLER, JOAN ☐ Delete
STREET ADDRESS P.O. BOX 96
CITY- ST- ZIP GRANT FL 32949

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

TITLE S
NAME MCLEARN, SHARON ☐ Delete
STREET ADDRESS P.O. BOX 229
CITY- ST- ZIP GRANT FL 32949

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
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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 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:

Joan Miller

4 Feb 2008 (321) 733-6117