2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 23, 2009
Secretary of State

DOCUMENT# N38834

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

Current Principal Place of Business:

31 VIP ISLAND A
GRANT, FL 32949

New Principal Place of Business:

Current Mailing Address:

P O BOX 16
GRANT, FL 32949

New Mailing Address:

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: MCLEARN, KEVIN
Address: P.O. BOX 229
City-St-Zip: GRANT, FL 32949

Title: VP ( ) Delete
Name: MILLER, JOAN
Address: P.O. BOX 96
City-St-Zip: GRANT, FL 32949

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

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

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change ( ) Addition
Name: WINKLER, MIKE
Address: 4631 WOODLANDS VILLAGE DR.
City-St-Zip: ORLANDO, FL 32835

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

Title: S (X) Change ( ) Addition
Name: MILLER, JOAN
Address: P.O. BOX 96
City-St-Zip: GRANT, FL 32949

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

I hereby certify that the information supplied with this filing does not qualify 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: MIKE WINKLER P 04/23/2009

Electronic Signature of Signing Officer or Director — Date