FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

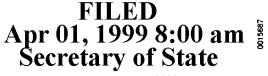
DOCUMENT # N9700003797

VIP ISLAND PARKING ASSOCIATION, INC.

Principal Place of Busine
847 GOLFVIEW TERRACE
WINTER PARK FL 32789

Mailing Address

847 GOLFVIEW TERRACE WINTER PARK FL 32789



04-01-1999 90039 050 ****61.25

─ ¬ `	ace of Business	2a. Mailing Address			3. Date Incorporated or Qualifed 07/02/1997			
Suite, Apt.	# etc	Suite, Apt. #, etc.			4. FEI Number	App	lied For	
		27			59-3456851	Not	Applicable	
	City & State City & State				5. Certificate of Status Desired	\$8.75 Ac Fee Red		
Zip	Country Zip Cou				6. Election Campaign Financing	\$5.00 1	vtav Be	
24	29 30				Trust Fund Contribution	Added to		
	9. Name and Address of Current	Registered Agent		,	10. Name and Address of New Register	red Agent		
			81	Name				
DAVIDSON	I, WILLIAM M		82	82 Street Address (P.O. Box Number is Not Acceptable)				
	VIEW TERRACE		- 1	Silest Address (F.O. Dox Hamber is Not Acceptable)				
	ARK FL 32789		83					
WHITEH	7411 1 E 02700	•	04	Cit		85 Zip C	ode	
			- 84	City	i i	FL 85 Zip C	000	
office or r agent. I a	to the provisions of Sections 617.0502 egistered agent, or both, in the State of m familiar with, and accept the obligation	Florida. Such change was auth	onzea by	the corpora	progration submits this statement for the purposation's board of directors. I hereby accept the a	a of changing its r opointment as reg	egistered istered	
SIGNATURE	Signature, typed or printed name of registered agent a	nd title if applicable. (NOTE: Re	gistered Ager	t signature requ	uired when reinstating) DATE	_		
12.	OFFICERS AND DIRECTORS 13.				ADDITIONS/CHANGES TO OFFICERS			
TITLE	D	☐ DELETE	1.1 TITLE		*	☐ Change	☐ Addition	
NAME	DAVIDSON, WILLIAM M	SON, WILLIAM M 1.2 N		1			}	
STREET ADDRESS	847 GOLFVIEW TERRACE 1.3S		1.3 STREE	T ADDRESS				
CITY-ST-ZIP			1.4 CITY-S	T-ZIP	·	·		
TITLE			2.1 TITLE			☐ Change	☐ Addition	
NAME	DAVIS, LEONARD T						ţ	
			2.3 STREE	TADDRESS			ŀ	
CITY-ST-ZIP	ODANE EL 00040			ST-ZIP				
TITLE	D	DELETE _	3.1-TITLE		· · ·	Change	☐ Addition	
NAME	PEREZ, FELIX		3.2 NAME				1	
STREET ADDRESS	16298 N.W. 11TH ST.		3.3 STREE	T ADDRESS				
CITY-ST-ZIP	DEMORPHY DIMES IN 20000			ST-ZIP	·			
TITLE		☐ DELETE	4.1 TITLE			Change	☐ Addition	
NAME			4. 2 NAME					
STREET ADDRESS			4.3 STREE	T ADDRESS				
			4.4 CITY-S	T-ZIP				
TITLE		☐ DELETE	5.1 TITLE			Change	☐ Addition	
NAME			5.2 NAME				}	
STREET ADDRESS			5.3 STREE	T ADDRESS			ľ	
CITY-ST-ZIP			5.4 CITY-S	T- ZIP				
TITLE		☐ DELETE	6.1 TITLE			Change	☐ Addition	
NAME			6.2 NAME		•			
STREET ADDRESS			6.3 STREE	TADORESS				
CITY-ST-7/P			6.4 CITY- S	T-ZIP				

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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: