


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 14, 2007 8:00 am
Secretary of State

03-14-2007 90027 022 ****61.25

DOCUMENT # N97000003797

1. Entity Name
VIP ISLAND PARKING ASSOCIATION, INC.



Principal Place of Business
**4430 NE 19TH AVENUE
 FORT LAUDERDALE, FL 33308**

Mailing Address
**4430 NE 19TH AVE
 FORT LAUDERDALE, FL 33308**



2. Principal Place of Business - No P.O. Box #
 Suite, Apt. #, etc.
 City & State
 Zip Country

3. Mailing Address
 Suite, Apt. #, etc.
 City & State
 Zip Country

03122007 Chg-NP CR2E037 (12/06)

6. Name and Address of Current Registered Agent
**BEALE, ROBERT F
 4430 NE 19TH AVENUE
 FORT LAUDERDALE, FL 33308**

4. FEI Number
59-3456851

Applied For
 Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

7. Name and Address of New Registered Agent

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**Filing Fee is \$61.25
 Due by May 1, 2007**

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 | D | <input type="checkbox"/> Delete |
| NAME | DAVIDSON, WILLIAM M | |
| STREET ADDRESS | 847 GOLFVIEW TERRACE | |
| CITY-ST-ZIP | WINTER PARK, FL 32789 | |
| TITLE | D | <input type="checkbox"/> Delete |
| NAME | BEALE, ROBERT F | |
| STREET ADDRESS | 4430 NE 19TH AVE | |
| CITY-ST-ZIP | FORT LAUDERDALE, FL 33308 | |
| TITLE | D | <input type="checkbox"/> Delete |
| NAME | BRUGGER, LUCILLE | |
| STREET ADDRESS | LOT 47 BLOCK B VIP ISLAND | |
| CITY-ST-ZIP | GRANT, FL 32949 | |
| TITLE | D | <input type="checkbox"/> Delete |
| NAME | BEAULIEU, JOHN | |
| STREET ADDRESS | LOT 17 BLOCK B VIP ISLAND | |
| CITY-ST-ZIP | GRANT, FL 32949 | |
| TITLE | D | <input type="checkbox"/> Delete |
| NAME | IRWIN, CHARLES | |
| STREET ADDRESS | 2570 RIVERLANE TERRACE | |
| CITY-ST-ZIP | FORT LAUDERDALE, FL 33312 | |
| TITLE | D | <input type="checkbox"/> Delete |
| NAME | ETTINGER, MARY | |
| STREET ADDRESS | 1373 NW COCONUT POINT LANE | |
| CITY-ST-ZIP | GRANT, FL 32949 | |

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

| | | |
|----------------|---------------------------|--|
| TITLE | D | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME | RICHARD FLANZBAUM | |
| STREET ADDRESS | 2734 SE EAGLE DRIVE | |
| CITY-ST-ZIP | PORT ST LUCIE, FL 34984 | |
| TITLE | D | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME | PETER KOMMATAS | |
| STREET ADDRESS | 419 SE 7TH ST. | |
| CITY-ST-ZIP | DANIA, FL 33004 | |
| TITLE | D | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME | HENRY MENDOZA | |
| STREET ADDRESS | 2165 ARCH CREEK DRIVE | |
| CITY-ST-ZIP | KEYSTONE POINT, FL 33181 | |
| TITLE | D | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME | AL THEIS | |
| STREET ADDRESS | LOT 16 BLOCK A VIP ISLAND | |
| CITY-ST-ZIP | GRANT, FL 32949 | |
| TITLE | D | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME | CHARLES PALMER | |
| STREET ADDRESS | 4004 SHADY OAK COURT | |
| CITY-ST-ZIP | LAKE MARY, FL 32746 | |
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> 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 Chapter 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: Robert Beale 3/12/07 954-489-9082
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #