


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 04, 2005 8:00 am
Secretary of State

04-04-2005 90051 029 ****61.25

DOCUMENT # N98000002147			
1. Entity Name VIRGINIA BEACH RESORT OWNERS ASSOCIATION, INC.			
Principal Place of Business 339 VIRGINIA ST HOLLYWOOD, FL 33019		Mailing Address PO BOX 223654 HOLLYWOOD, FL 33022	
2. Principal Place of Business 347 Virginia ST Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.	
City & State Hollywood		City & State	
Zip 33019	Country Broward	Zip	Country
6. Name and Address of Current Registered Agent GLAZER, ERIC M 20801 BISCAYNE BLVD. 4TH FLOOR AVENTURA, FL 33180		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 _____ Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE			
Filing Fee is \$61.25 Due by May 1, 2005		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
Make check payable to Florida Department of State			
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD CANNIS, PEGGY 339 VIRGINIA ST. HOLLYWOOD, FL 33019 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD STUART LEVY 351 Virginia ST Hollywood, FL 33019 <input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD MANTER, MARLENE 355 VIRGINIA STREET HOLLYWOOD, FL 33019 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD Gertrude Barow 341 Virginia ST. Hollywood, FL 33019 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD KACIE, IVAN 343 VIRGINIA ST. HOLLYWOOD, FL 33019 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD MCCONNELL, SANDRA 337 VIRGINIA ST. HOLLYWOOD, FL 33019 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD Constance Granich 335 Virginia Street Hollywood, FL 33019 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD ROTHLEIN, LOUISE 349 VIRGINIA ST. HOLLYWOOD, FL 33019 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD Daniel A Mante 347 Virginia ST Hollywood, FL 33019 <input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12. 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 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: Daniel A. Mante - Daniel A. Mante		Date: 04/02/05 Daytime Phone #: 954-923-6206	