

**FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00**

CORPORATION ANNUAL REPORT 1995



FLORIDA DEPARTMENT OF STATE  
Sandra B. Northrup  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
MAY 1 1995  
STATE  
OF FLORIDA  
CORPORATIONS  
95 MAY -1 PM 1:06

DOCUMENT # 750904 (5)  
1. Corporation Name  
VANDERBILT GULFSIDE CONDOMINIUM ASSOCIATION, INC

Principal Place of Business: 10851 GULF SHORE DR. NORTH NAPLES FL 33963  
Mailing Address: 10851 GULF SHORE DR. NORTH NAPLES FL 33963

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 02/01/1980  
3a. Date of Last Report: 03/29/1994

4. FEI Number: 59-2202214  
Applied For: Not Applicable

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

6. Election Campaign Financing Trust Fund Contribution:  \$5.00 May Be Added to Fees

7. Nonprofit with IRS 501(c)(3) Tax Exempt Status:  \$68.75 Supplemental Fee Not Required

8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes:  Yes  No

2. Principal Place of Business: 21  
2a. Mailing Address: 26  
3. Suite, Apt #, etc.: 22  
3a. Suite, Apt #, etc.: 27  
4. City & State: 23  
4a. City & State: 28  
5. Zip: 24  
5a. Country: 25  
5b. Zip: 29  
5c. Country: 30

9. Name and Address of Current Registered Agent  
PLUMB, ANDREW R  
10951 GULF SHORE DR  
NAPLES FL 33963

10. Name and Address of New Registered Agent  
81 Name: Johnson, Sue  
82 Street Address (P.O. Box Number is Not Acceptable): 10851 Gulf Shore Drive North  
83  
84 City: Naples FL 85 Zip Code: 33963

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE: SUE JOHNSON (Signature) SUE JOHNSON (Printed Name) 5-11-95 (Date)

12. OFFICERS AND DIRECTORS

TITLE	PD
NAME	MACALLISTER, P. E.
STREET ADDRESS	7515 E. 30TH STREET
CITY, ST, ZIP	INDIANAPOLIS IN
TITLE	TD
NAME	ANASTASIOU, ANDREW
STREET ADDRESS	390 HARTSHORN DR
CITY, ST, ZIP	SHORT HILLS NJ
TITLE	V
NAME	GILBERT, NEAL
STREET ADDRESS	10951 GULF SHORE DR.
CITY, ST, ZIP	NAPLES FL 33963
TITLE	D
NAME	DOODY, ROBERT M
STREET ADDRESS	10951 GULF SHORE DR.
CITY, ST, ZIP	NAPLES FL 33963
TITLE	D
NAME	KANE, ROBERT E
STREET ADDRESS	35 HEARTHSTONE LANE
CITY, ST, ZIP	ROCHESTER NY 14617
TITLE	D
NAME	ASHE, DONALD A.
STREET ADDRESS	10851 GULF SHORE DR #604
CITY, ST, ZIP	NAPLES FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	Delete MacAllister, P.E.
13 STREET ADDRESS	
14 CITY, ST, ZIP	
21 TITLE	VP/D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
22 NAME	Toland, Carl
23 STREET ADDRESS	10851 Gulf Shore Drive, #1202
24 CITY, ST, ZIP	Naples, Florida 33963
31 TITLE	S/D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME	
33 STREET ADDRESS	
34 CITY, ST, ZIP	
41 TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
42 NAME	Chapman, Thomas
43 STREET ADDRESS	108 Lakefront Drive
44 CITY, ST, ZIP	Akron, Ohio 44319
51 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME	
53 STREET ADDRESS	8 Whittlebury Drive
54 CITY, ST, ZIP	Rochester, NY 14612
61 TITLE	S/D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME	
63 STREET ADDRESS	
64 CITY, ST, ZIP	Naples, Florida 33963

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Sections 110.07(3)(k), 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 the 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.

SIGNATURE: *[Signature]*  
SIGNATURE AND TYPED OR PRINTED NAME OF REGISTERED AGENT REQUIRED BY MAY 1  
3/15/95 813-597-4062