


FILE NOW: FILING FEE IS \$61.25

FILED
Jun 16 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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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 34108-3004
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2. Principal Place of Business		2a. Mailing Address		4. FEI Number 59-2202214		3. Date Incorporated or Qualified 02/01/1980		3a. Date of Last Report 05/01/1996	
21		26		Applied For Not Applicable		5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
22 Suite, Apt. #, etc.		27 Suite, Apt. #, etc.		5. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		6. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		\$5.00 May Be Added to Fees	
23 City & State		28 City & State		24 Zip		25 Country		29 Zip	
30		31		32		33		34	

9. Name and Address of Current Registered Agent

JOHNSON, SUE
10851 GULF SHORE DR NORTH
NAPLES FL 33983

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City **FL** **85** Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

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

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	SC <input type="checkbox"/> DELETE	1.1 TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	TOLAND, CARL	1.2 NAME	
STREET ADDRESS	10851 GULF SHORE DR 1202	1.3 STREET ADDRESS	
CITY-ST-ZIP	NAPLES FL	1.4 CITY-ST-ZIP	
TITLE	PD <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GILBERT, NEAL	2.2 NAME	
STREET ADDRESS	10951 GULF SHORE DR.	2.3 STREET ADDRESS	
CITY-ST-ZIP	NAPLES FL	2.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	3.1 TITLE	T/D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CHAPMAN, THOMAS	3.2 NAME	
STREET ADDRESS	108 LAKEFRONT DR	3.3 STREET ADDRESS	
CITY-ST-ZIP	AKRON OH	3.4 CITY-ST-ZIP	
TITLE	D <input checked="" type="checkbox"/> DELETE	4.1 TITLE	VP/D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	KANE, ROBERT E	4.2 NAME	Stryker, Bruce
STREET ADDRESS	8 WHITTLEBURY DR	4.3 STREET ADDRESS	10851 Gulfshore Drive
CITY-ST-ZIP	ROCHESTER NY	4.4 CITY-ST-ZIP	Naples, FL 34108
TITLE	VPD <input type="checkbox"/> DELETE	5.1 TITLE	D <input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	ASHE, DONALD A.	5.2 NAME	
STREET ADDRESS	10851 GULF SHORE DR #604	5.3 STREET ADDRESS	
CITY-ST-ZIP	NAPLES FL	5.4 CITY-ST-ZIP	
TITLE	TD <input checked="" type="checkbox"/> DELETE	6.1 TITLE	S/D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	ANASTASIOU, ANDREW	6.2 NAME	Farrabauch, William
STREET ADDRESS	10851 GULF SHORE DR 1202	6.3 STREET ADDRESS	2328 Topsfield Road
CITY-ST-ZIP	NAPLES FL	6.4 CITY-ST-ZIP	South Bend, IN 46614

14. I do 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.

CR2E037 (9/96)