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NONPROFIT CORPORATION ANNUAL REPORT 1999

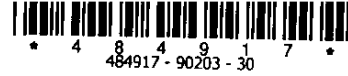


FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 750904

1. Corporation Name

VANDERBILT GULFSIDE CONDOMINIUM ASSOCIATION, INC



Principal Place of Business
10851 GULF SHORE BLVD.
NAPLES FL 33963

Mailing Address
10851 GULF SHORE BLVD.
NAPLES FL 33963

2. Principal Place of Business

2a. Mailing Address

3. Date Incorporated or Qualified

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

02/01/1980

22 City & State

27 City & State

4. FEI Number
59-2202214

Applied For
Not Applicable

23 Zip

Country

28 Zip

Country

5. Certificate of Status Desired

\$8.75 Additional Fee Required

24 34108

25

29 34108

30

6. Election Campaign Financing Trust Fund Contribution

\$5.00 May Be Added to Fees

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

JOHNSON, SUE
10851 GULF SHORE DR NORTH
NAPLES FL 33963

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 reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PD DELETE
NAME FREDRICKSON, MARILYN
STREET ADDRESS 49 TUNIPER LANE N
CITY-ST-ZIP LITTLE COMPTON RI

1.1 TITLE Change Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

TITLE VPD DELETE
NAME PICHER, PAUL
STREET ADDRESS 6 BURROWS RD
CITY-ST-ZIP OTTAWA ON K1J-6

2.1 TITLE Change Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

TITLE TD DELETE
NAME CHAPMAN, THOMAS
STREET ADDRESS 108 LAKEFRONT DR
CITY-ST-ZIP AKRON OH

3.1 TITLE Change Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

TITLE SD DELETE
NAME CAMPBELL, CYNTHIA
STREET ADDRESS 10951 GULF SHORE DR APT 1504
CITY-ST-ZIP NAPLES FL 34108

4.1 TITLE Change Addition
4.2 NAME SD
4.3 STREET ADDRESS Ulanski, Nyla
4.4 CITY-ST-ZIP 10851 Gulf Shore Drive North
Naples, FL 34108

TITLE D DELETE
NAME REILLY, PATRICK
STREET ADDRESS 10851 GULF SHORE DR
CITY-ST-ZIP NAPLES FL 34108

5.1 TITLE Change Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE D DELETE
NAME FARRABAUCH, WILLIAM
STREET ADDRESS 2328 TOPSFIELD RD
CITY-ST-ZIP SOUTH BEND FL

6.1 TITLE Change Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. 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:

Marilyn Fredrickson
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/29/99
Date

941-
597-4062
Daytime Phone #

0087057

CR2E037 (11/98)