

**2002 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Mar 28, 2002 8:00 am**  
**Secretary of State**

02-11-2002 90130 029 \*\*\*\*61.25

**DOCUMENT # 750904**

1. Entity Name

**VANDERBILT GULFSIDE CONDOMINIUM ASSOCIATION, INC**

Principal Place of Business

Mailing Address

10851 GULF SHORE BLVD.

10851 GULF SHORE BLVD.

NAPLES FL 33968

NAPLES FL 33963

34108

34108

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-2202214

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

WISEMAN, TAMELA  
 600 5TH AVE S, SUITE 301  
 NAPLES FL 34102

Name

Joseph E. Adams

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

13515 Bell Tower Dr., Suite 101

City

Ft. Myers

FL

Zip Code  
33907

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.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be Added to Fees

Make Check Payable to Department of State

10. OFFICERS AND DIRECTORS

TITLE VPD  Delete  
 NAME PICHER, PAUL  
 STREET ADDRESS 6 BURROWS RD  
 CITY-ST-ZIP OTTAWA ON K1J-8E6

TITLE SDAT  Delete  
 NAME ULANSKI, NYLA  
 STREET ADDRESS 10951 GULF SHORE DR N #105  
 CITY-ST-ZIP NAPLES FL 34108

TITLE PD  Delete  
 NAME BING, RICHARD  
 STREET ADDRESS 64 COOL CREEK CT  
 CITY-ST-ZIP CARMEL IN 46033

TITLE TD  Delete  
 NAME TOTER, VICTORIA H  
 STREET ADDRESS 38865 SANTA BARBARA  
 CITY-ST-ZIP CLINTON TOWNSHIP MI 48036

TITLE  Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE Director  Change  Addition  
 NAME Don Powell  
 STREET ADDRESS 645 North Michigan Ave., #810  
 CITY-ST-ZIP Chicago, IL 60611

TITLE Director  Change  Addition  
 NAME Ray Howard  
 STREET ADDRESS P.O. Box 5140, Westport, CT 06881  
 CITY-ST-ZIP

TITLE Director  Change  Addition  
 NAME Dorothy Bowyer  
 STREET ADDRESS 10951 Gulf Shore Dr., Naples, FL  
 CITY-ST-ZIP 34108

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS 32917 North River Road  
 CITY-ST-ZIP Harrison Township, MI 48045

TITLE Director  Change  Addition  
 NAME James Costello  
 STREET ADDRESS 11 Rollingwood Drive, New City, NY  
 CITY-ST-ZIP 10956

TITLE Director  Change  Addition  
 NAME Tom Stouthamer  
 STREET ADDRESS 550-A McPride Lane  
 CITY-ST-ZIP Brookfield, WI 53045

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:

SIC [Signature] RBY  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1/23/02 - 941-597-4062

CR2E037 (9/01)