2004 NOT-FOR-PROFIT CORPORATION . ANNUAL REPORT

FILED
Jan 20, 2004 8:00 am
Secretary of State
01-20-2004 90044 044 ****61.25

DOCUMENT #750904 1. Entity Name

10851 GULF SHORE BLVD. 108		NAPLES, FL 23963	0851 GULF SHORE BLVD.		n lann benn etek elem blek elbk	#19 11 #19 11 #18 111	EL DE LEFE	
2. Principal Place of Business 3.		3. Mailing Address	i. Mailing Address					
Suite, Apt. #, etc.		Suite, Apt. #, etc.	Suite, Apt. #, etc.		-NP CR2E037	(10/03)		
City & State		City & State		4. FEI Number 59-2202214			olied For Applicable	
^{Zip} 34108 Country		^{zip} 34108	^{Zip} 34108 Country		5. Certificate of Status Desired S8.75 Additional Fee Required			
	6. Name and Address of Current	Registered Agent	Name	7. Name and Addre	ss of New Registered A	gent		
4501 TAMI	OSEPH E AMERICA CENTER AMI TRAIL NORTH, SUITE 2° °L 34103-0000			ress (P.O. Box Number is No	t Acceptable)			
			City		FL	Zip Code		
the obligati	Signature, typed or printed name of registered agent	9. Election Car	E: Registered Agent signature	\$5.00 May Be	DATE Make check		•	
Due by May 1, 2004 Trust Fund Control				Added to Fees	Florida Depart			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	OFFICERS AND DI VPD COSTELLO, JIM 11 ROLLINWOOD DRIVE NEW CITY, NY 10956	Delete	11. TITLE NAME STREET ADDRESS CITY-ST-ZIP	ADDITIONS/CHANGES	S TO OFFICERS AND DIR	Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SDAT ULANSKI, NYLA 10951 GULF SHORE DR N #109 NAPLES, FL 34108	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD BING, RICHARD 10951 GULFSHORE DR NAPLES, FL 34108	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Uni+ 405	- ·	Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD TOTER, VICTORIA H 32917 NORTH RIVER RD HARRISON TOWNSHIP, MI 48	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD WONDCASH, PAUL 15 POTTEN DRIVE BRIDGEWATER, NJ 08807	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Wondrasch, Po 15 Totten Driv	iul De	™ Change	☐ Addition	
TITLE NAME STREET ADDRESS. CITY-ST-ZIP	D HOWARD, RAY PO BOX 5140 WESTPORT, CT 06881	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Change	Addition	
indicated of the co changed	certify that the information supplied wift on this report or supplemental report rporation or the receiver or trustee ergr , or on an attachment with an address.							
	rure:							

2004 NOT-FOR-PROFIT CORPORATION Affachmen/

DOCUMENT # 750904		AST.							
1. Entity Name VANDERBILT GULFSIDE CONDOMI INC.	и.								
Principal Place of Business 10851 GULF SHORE BLVD. NAPLES, FL 33963 34/08	Mailing Address 10851 GULF SHORE BLVD. NAPLES, FL 33963								
34/00	341	08		1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		EEE ACH OOK 14	WE 18 18 18 18 18 18 18 18 18 18 18 18 18		
2. Principal Place of Business	3. Mailing Address								
Suite, Apt. #, etc.	Suite, Apt. #, etc.			01082004 Chg	g-NP CR2I	E037 (10/03)			
City & State	City & State			1 50_220221 <i>1</i>			oplied For		
Zip Country	Zip	Country		5. Certificate of Sta		\$8.75 Ad	ot Applicable ditional		
6. Name and Address of Current F	Registered Agent	<u> </u>		7. Name and Addin	ess of New Registers	Fee Require	d		
ADAMS, JOSEPH E	Mark St.	Name				A Agent			
BANK OF AMERICA CENTER	Street	Street Address (P.O. Box Number is Not Acceptable)							
4501 TAMIAMI TRAIL NORTH, SUITE 21- NAPLES, FL 34103-0000	4				······································				
·	City	-			Zip Coo	9			
The above named entity submits this statement for the obligations of registered agent.	the purpose of changing its	registered office	or register	ed agent, or both, in the	ne State of Florida. 1 a	am familiar with,	and accept		
SIGNATURE									
Signature, typed or printed name of registered agent as	nd title if applicable. (NOTE	E: Registered Agent sign	nature required	when reinstating)	DAT	<u> </u>			
Filing Fee is \$61.25 Due by May 1, 2004	9. Election Can Trust Fund C	npaign Financing Contribution.		\$5.00 May Be Added to Fees		eck payable to			
10. OFFICERS AND DIRI	ECTORS	11.		ADDITIONS/CHANGES	S TO OFFICERS AND	DIRECTORS IN	110		
NAME GOOD A LIGHT	☐ Delete	TITLE	D	•		Change	Ⅸ Addition		
STREET ADDRESS 2100 South Mount Pr CITY-ST-ZP Des Plaines, T.L. GO	SIRI			Greco, Anthony EETADORESS 2100 South Mount Prospect Rd. Y-ST-2P Des Plaines IL 60018					
TITLE D	☐ Delete	TITLE	D	Fraines, I	000/	☐ Change	Addition		
NAME Norm Larson STREET ADDRESS 20005 Cattage wood	Δ.1.	NAME		rm Larson		C Citality	ZSI MUSHUH		
STRETADORESS 20005 Co Hagewood Ave. CITY-ST-DP Excelsion, MN 55331		STREET ADDRESS CITY-ST-ZIP	3 200	05 Cottage	wood Ave.				
TITLE D	☐ Delete	TITLE	תו	celsior, M		☐ Chance	☑ Addition		
STREET ADDRESS 550 A M. D.	mer	NAME CTUSET ADORSOS	Th	onas Sto	uthaner		A		
STREET ADDRESS 550A McPride Lar CITY-ST-ZIP Brookfield WI	16 53045	STREET ADDRESS	1.350	OA McPric	de Lane	<	<u>.</u> e. <u>.</u>		
TITLE NAME	☐ Defete	TITLE	,,,,,,,,		<u>v = 900 (</u>	☐ Change	Addition		
STREET ADDRESS		NAME STREET ADDRESS	.						
CITY-ST-ZIP		CITY-ST-ZIP	'						
TITLE NAME	☐ Delete	TITLE				☐ Change	Addition .		
STREET ADDRESS		NAME STREET ADDRESS							
CITY-ST-ZIP	4	CITY-ST-ZIP	\$						
	**	O111-31-2F							
TITLE NAME	☐ Delete	TITLE	-			☐ Change	☐ Addition		
NAME STREET ADDRESS	☐ Delete	TITLE NAME				☐ Change	☐ Addition		
NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP				_ •	_		
STREET ADDRESS CITY-ST-ZIP 12. I hereby certify that the information supplied with indicated on this report or supplied and indicated on this report or supplied with the indicated on the indica	this filing does not qualify for	TITLE NAME STREET ADDRESS CITY-ST-ZIP The exemption st	tated in Sec	ction 119.07(3)(i), Flori	ida Statutes, I further	certify that the i	nformation		
NAME STREET ADDRESS CITY-ST-ZIP	this filing does not qualify for true and accurate and that m	TITLE NAME STREET ADDRESS CITY-ST-ZIP The exemption stry signature shall	tated in Sec	ction 119.07(3)(i), Flor same legal effect as if , Florida Statutes; and	ida Statutes. I further made under cath; tha that my name appea	certify that the i	nformation		
STREET ADDRESS CITY-ST-ZIP 12. I hereby certify that the information supplied with a indicated on this report or supplemental report is of the corporation or the requiremental report is	this filing does not qualify for true and accurate and that m	TITLE NAME STREET ADDRESS CITY-ST-ZIP The exemption stry signature shall	tated in Sec	ction 119.07(3)(i), Flori aame legal effect as if , Florida Statutes; and	ida Statutes. I further made under oath; tha that my name appea.	certify that the i	nformation		