
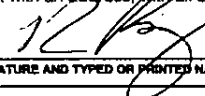


**2005 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Jan 18, 2005 8:00 am**  
**Secretary of State**

01-18-2005 90051 023 \*\*\*\*61.25

<b>DOCUMENT # 750904</b>					
1. Entity Name VANDERBILT GULFSIDE CONDOMINIUM ASSOCIATION, INC.					
Principal Place of Business 10851 GULF SHORE BLVD. NAPLES, FL 34108			Mailing Address 10851 GULF SHORE BLVD. NAPLES, FL 34108		
2. Principal Place of Business 10851 Gulf Shore Dr.		3. Mailing Address 10851 Gulf Shore Dr.			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 59-2202214	
Zip		Country		Applied For Not Applicable	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent ADAMS, JOSEPH E BANK OF AMERICA CENTER 4501 TAMiami TRAIL NORTH, SUITE 214 NAPLES, FL 34103-0000			7. Name and Address of New Registered Agent		
Name			Name		
Street Address (P.O. Box Number is Not Acceptable)			Street Address (P.O. Box Number is Not Acceptable)		
City			City		FL
Zip Code			Zip Code		
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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
<b>Filing Fee is \$61.25 Due by May 1, 2005</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
				Make check payable to Florida Department of State	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	VPD	<input type="checkbox"/> Delete	TITLE	Director	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	COSTELLO, JIM		NAME	Tony Greco	
STREET ADDRESS	11 ROLLINWOOD DRIVE		STREET ADDRESS	347 Old Sutton Rd.	
CITY-ST-ZIP	NEW CITY, NY 10956		CITY-ST-ZIP	Barrington Hills, IL 60010	
TITLE	SDAT	<input checked="" type="checkbox"/> Delete	TITLE	Secretary	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	ULANSKI, NYLA		NAME	Larson, Norm	
STREET ADDRESS	10951 GULF SHORE DR N #105		STREET ADDRESS	10851 Gulf Shore Dr., #601	
CITY-ST-ZIP	NAPLES, FL 34108		CITY-ST-ZIP	Naples, FL 34108	
TITLE	PD	<input type="checkbox"/> Delete	TITLE	Director	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	BING, RICHARD		NAME	Tom Stouthamer	
STREET ADDRESS	10951 GULFSHORE DR. UNIT 405		STREET ADDRESS	550-A McPride Lane	
CITY-ST-ZIP	NAPLES, FL 34108		CITY-ST-ZIP	Brookfield, WI 53045	
TITLE	TD	<input type="checkbox"/> Delete	TITLE	Director	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	TOTER, VICTORIA H		NAME	Paul Picher	
STREET ADDRESS	32917 NORTH RIVER RD		STREET ADDRESS	6 Burrows Road	
CITY-ST-ZIP	HARRISON TOWNSHIP, MI 48045		CITY-ST-ZIP	Ottawa, ON Canada K1J 6E6	
TITLE	D	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WONDRASCH, PAUL		NAME		
STREET ADDRESS	15 TOTTEN DRIVE		STREET ADDRESS		
CITY-ST-ZIP	BRIDGEWATER, NJ 08807		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HOWARD, RAY		NAME		
STREET ADDRESS	PO BOX 5140		STREET ADDRESS		
CITY-ST-ZIP	WESTPORT, CT 06881		CITY-ST-ZIP		
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: 		Date: 1/13/05		Daytime Phone #: 239-591-1062	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					

40002330



01052005 Chg-NP CR2E037 (10/03)

4. FEI Number 59-2202214 Applied For Not Applicable

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

**Filing Fee is \$61.25  
Due by May 1, 2005**

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

Make check payable to Florida Department of State

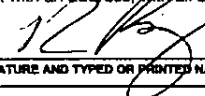
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CITY-ST-ZIP	WESTPORT, CT 06881	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	Director	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Tony Greco	
STREET ADDRESS	347 Old Sutton Rd.	
CITY-ST-ZIP	Barrington Hills, IL 60010	
TITLE	Secretary	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Larson, Norm	
STREET ADDRESS	10851 Gulf Shore Dr., #601	
CITY-ST-ZIP	Naples, FL 34108	
TITLE	Director	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Tom Stouthamer	
STREET ADDRESS	550-A McPride Lane	
CITY-ST-ZIP	Brookfield, WI 53045	
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NAME	Paul Picher	
STREET ADDRESS	6 Burrows Road	
CITY-ST-ZIP	Ottawa, ON Canada K1J 6E6	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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STREET ADDRESS		
CITY-ST-ZIP		

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SIGNATURE:  Date: 1/13/05 Daytime Phone #: 239-591-1062

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR