


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 27, 2008 8:00 am
Secretary of State

03-27-2008 90030 036 ****61.25

DOCUMENT # 750904					
1. Entity Name VANDERBILT GULFSIDE CONDOMINIUM ASSOCIATION, INC.					
Principal Place of Business 10851 GULF SHORE DR. NAPLES, FL 34108		Mailing Address 10851 GULF SHORE DR. NAPLES, FL 34108			
2. Principal Place of Business - No P.O. Box #		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 <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
ADAMS, JOSEPH E BANK OF AMERICA CENTER 4501 TAMiami TRAIL NORTH, SUITE 214 NAPLES, FL 34103-0000			Name		
			Street Address (P.O. Box Number is Not Acceptable)		
			City		
			FL 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>					
Filing Fee is \$61.25 Due by May 1, 2008		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	S	<input type="checkbox"/> Delete	TITLE	VP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	PICHER, PAUL		NAME	Richard Bing	
STREET ADDRESS	6 BURROWS ROAD		STREET ADDRESS	12488 Autumn Way	
CITY-ST-ZIP	OTTAWA, ON CANADA.		CITY-ST-ZIP	Carmel, IN 46033	
TITLE	PD	<input type="checkbox"/> Delete	TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	GRECO, TONY		NAME	Robert McCall	
STREET ADDRESS	347 OLD SUTTON ROAD		STREET ADDRESS	1519 Crescent Road	
CITY-ST-ZIP	BARRINGTON, IL 60010		CITY-ST-ZIP	Lawrence, KS. 66044	
TITLE	VD	<input checked="" type="checkbox"/> Delete	TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	LARSON, NORMAN		NAME	Dulcie Popowych	
STREET ADDRESS	20005 COTTAGEWOOD AVE		STREET ADDRESS	24 Hyde Park Square, Flat 12	
CITY-ST-ZIP	EXCELSIOR, MN 55331		CITY-ST-ZIP	London, UK W22 2NJ	
TITLE	TD	<input type="checkbox"/> Delete	TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	REID, ALLAN		NAME	Marilyn Fredrickson	
STREET ADDRESS	4828 LONCOLN AVE		STREET ADDRESS	10851 Gulfshore Dr.	
CITY-ST-ZIP	EVANSVILLE, IN 47715		CITY-ST-ZIP	Naples, FL 34108	
TITLE	D	<input checked="" type="checkbox"/> Delete	TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	WONDRASCH, PAUL		NAME	Nestor Popowych	
STREET ADDRESS	15 TOTTEN DRIVE		STREET ADDRESS	33 Park Lane	
CITY-ST-ZIP	BRIDGEWATER, NJ 08807		CITY-ST-ZIP	Park Ridge, IL 60068	
TITLE	D	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BURR, PETER		NAME		
STREET ADDRESS	5007 LONG KNIFE RD.		STREET ADDRESS		
CITY-ST-ZIP	LOUISVILLE, KY 40207		CITY-ST-ZIP		
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 <i>Anthony Greco President</i>			Date <i>3/24/08</i> Daytime Phone # <i>239-597-4062</i>		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			<small>Date Daytime Phone #</small>		