

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 750904

FILED  
Mar 24, 2009  
Secretary of State

**Entity Name:** VANDERBILT GULFSIDE CONDOMINIUM ASSOCIATION, INC.

**Current Principal Place of Business:**

10851 GULF SHORE DR.  
NAPLES, FL 34108

**New Principal Place of Business:**

**Current Mailing Address:**

10851 GULF SHORE DR.  
NAPLES, FL 34108

**New Mailing Address:**

FEI Number: 59-2202214      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

BECKER & POLIAKOFF, P.A.  
ATTN: JOSEPH ADAMS  
999 VANDERBILT BEACH RD. SUITE 501  
NAPLES, FL 34108 US

**Name and Address of New Registered Agent:**

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:

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: S ( ) Delete  
Name: PICHER, PAUL  
Address: 6 BURROWS ROAD  
City-St-Zip: OTTAWA, ON CANADA,

Title: PD ( ) Delete  
Name: GRECO, TONY  
Address: 347 OLD SUTTON ROAD  
City-St-Zip: BARRINGTON, IL 60010

Title: D ( ) Delete  
Name: PZNANSKY, DALCIE  
Address: 24 HYDE PARK SQUARE, FLAT 12  
City-St-Zip: LONDON, UK, W2211

Title: D ( ) Delete  
Name: FREDERICKSON, MARILYN  
Address: 10851 GULF SHORE DR  
City-St-Zip: NAPLES, FL 34108

Title: D ( ) Delete  
Name: POPOWYCH, NESTER  
Address: 33 PARK LANE  
City-St-Zip: PARK RIDGE, IL 60068

Title: D ( ) Delete  
Name: BURR, PETER  
Address: 5007 LONG KNIFE RD.  
City-St-Zip: LOUISVILLE, KY 40207

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: PAUL PICHER

S

03/24/2009

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date