


**2003 NOT-FOR-PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Jan 21, 2003 8:00 am
Secretary of State

01-21-2003 90540 047 ****61.25

DOCUMENT # 750904

1. Entity Name
VANDERBILT GULFSIDE CONDOMINIUM ASSOCIATION, INC



Principal Place of Business Mailing Address

**10851 GULF SHORE BLVD.
NAPLES FL 33963** **10851 GULF SHORE BLVD.
NAPLES FL 33963**

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**



CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

**ADAMS, JOSEPH E
13515 BELL TOWER DR
STE 101
FORT MYERS FL 33907**

7. Name and Address of New Registered Agent

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 _____ (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 Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE	VPD	<input checked="" type="checkbox"/> Delete
NAME	PICHER, PAUL	
STREET ADDRESS	6 BURROWS RD	
CITY-ST-ZIP	OTTAWA ON K1J-6	
TITLE	SDAT	<input type="checkbox"/> Delete
NAME	ULANSKI, NYLA	
STREET ADDRESS	10951 GULF SHORE DR N #105	
CITY-ST-ZIP	NAPLES FL 34108	
TITLE	PD	<input type="checkbox"/> Delete
NAME	BING, RICHARD	
STREET ADDRESS	64 COOL CREEK CT 10951 Gulfshore Dr.	
CITY-ST-ZIP	CARMEL IN 46033 Naples, FL 34108	
TITLE	TD	<input type="checkbox"/> Delete
NAME	TOTER, VICTORIA H	
STREET ADDRESS	32917 NORTH RIVER RD	
CITY-ST-ZIP	HARRISON TOWNSHIP MI 48045	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	POWELL, DON	
STREET ADDRESS	645 NORTH MICHIGAN AVE #810	
CITY-ST-ZIP	CHICAGO IL 60611	
TITLE	D	<input type="checkbox"/> Delete
NAME	HOWARD, RAY	
STREET ADDRESS	PO BOX 5140	
CITY-ST-ZIP	WESTPORT CT 06881	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	VPD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Jim Costello	
STREET ADDRESS	11 Rollingwood Drive	
CITY-ST-ZIP	New City, NY 10956	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	A.D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Paul Wondrasch	
STREET ADDRESS	15 Totten Drive	
CITY-ST-ZIP	Bridgewater, N.J. 08807	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
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: _____ **SKETCH REQUIRED**

1/15/03

CR2E037 (10/02)