

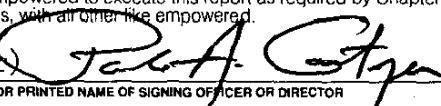


2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 02, 2004 8:00 am
Secretary of State

03-02-2004 90043 025 ****61.25

| | | | | | |
|---|--|--|--|--|--|
| DOCUMENT # 753824 1. Entity Name VILLAS OF VANDERBILT BEACH CONDOMINIUM ASSOCIATION, INC. | | | |  | |
| Principal Place of Business 9715 GULF SHORE DRIVE NAPLES FL 34108 US | | Mailing Address 9715 GULF SHORE DRIVE NAPLES FL 34108 US | | | |
| 2. Principal Place of Business Suite, Apt. #, etc. | | 3. Mailing Address Suite, Apt. #, etc. | | | |
| City & State Zip Country | | City & State Zip Country | | 4. FEI Number 59-2288133 <input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable | |
| 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required | | | |  | |
| 6. Name and Address of Current Registered Agent BEIHOFF, JEFFREY 9715 GULF SHORE DRIVE NAPLES FL 34108 | | | | 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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small> | | | | | |
| FILE NOW: FEE IS \$61.25 Due By May 1, 2004 | | 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 | DT GEINER, PAMELA <input type="checkbox"/> Delete 1664 FAIRWAY DRIVE BIRMINGHAM MI 48009 | TITLE | PT <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition Getner, Pamela 1664 Fairway Drive Birmingham, MI 48009 | | |
| NAME | | NAME | | | |
| STREET ADDRESS | | STREET ADDRESS | | | |
| CITY - ST - ZIP | | CITY - ST - ZIP | | | |
| TITLE | VPD <input type="checkbox"/> Delete KEDDIE, BURTON 7913 VIA VECCHIA NAPLES FL 34108 | TITLE | D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition Keddie, Burton 7913 Via Vecchia Naples, FL 34108 | | |
| NAME | | NAME | | | |
| STREET ADDRESS | | STREET ADDRESS | | | |
| CITY - ST - ZIP | | CITY - ST - ZIP | | | |
| TITLE | DP <input type="checkbox"/> Delete GEBHARD, MICHAEL P O BOX 43 N/A HARTLAND WI 53029 | TITLE | D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition Gebhard, Michael PO Box 43 N/A Hartland, WI 53029 | | |
| NAME | | NAME | | | |
| STREET ADDRESS | | STREET ADDRESS | | | |
| CITY - ST - ZIP | | CITY - ST - ZIP | | | |
| TITLE | D <input type="checkbox"/> Delete KLUG, SHARON 9715 GULF SHORE DRIVE NAPLES FL 34108 | TITLE | SD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition Klug, Sharon 9715 Gulfshore Drive Naples, FL 34108 | | |
| NAME | | NAME | | | |
| STREET ADDRESS | | STREET ADDRESS | | | |
| CITY - ST - ZIP | | CITY - ST - ZIP | | | |
| TITLE | D <input checked="" type="checkbox"/> Delete SKATRUD, HELEN 3825 KODIAK TRIAL BROOKFIELD WI 53045 | TITLE | VPD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition Beihoff, Jeffrey 9715 Gulfshore Drive Naples, FL 34108 | | |
| NAME | | NAME | | | |
| STREET ADDRESS | | STREET ADDRESS | | | |
| CITY - ST - ZIP | | CITY - ST - ZIP | | | |
| TITLE | DS <input type="checkbox"/> Delete POWERS, JAMES 1810 RIDGEWAY DRIVE IOWA CITY IA | TITLE | D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition Powers, James 1810 Ridgeway Drive Iowa City, IA 52245 | | |
| NAME | | NAME | | | |
| STREET ADDRESS | | STREET ADDRESS | | | |
| CITY - ST - ZIP | | 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: (Pamela Getner)  | | 2-23-04 239-598-1941 | | | |
| <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small> | | <small>Date Daytime Phone #</small> | | | |