

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N25356 (9)

1. Corporation Name

**VANDERBILT BEACH MOTEL CONDOMINIUM, FIRST ADDITI
ON, ASSOCIATION, INC.**



Principal Place of Business

Mailing Address

P.O. BOX 11209
NAPLES FL 33941

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NAPLES FL 33941

3. Date Incorporated or Qualified **03/11/1988** 3a. Date of Last Report **04/24/1995**

2. Principal Place of Business

2a. Mailing Address

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4. FEI Number **65-0139182** Applied For Not Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

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

22 City & State

27 City & State

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

23 Zip

Country

28 Zip

Country

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes No

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9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**MOORE, MICHAEL J.
9225 GULF SHORE DR. NORTH
NAPLES FL 33940**

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent, and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	PD	<input type="checkbox"/> DELETE
NAME	MOORE, MICHAEL J.	
STREET ADDRESS	582 GORDONIA DR.	
CITY-ST-ZIP	NAPLES FL	
TITLE	VD	<input checked="" type="checkbox"/> DELETE
NAME	GALACKI, LEONARD	
STREET ADDRESS	30257 OVERLOOK DR	
CITY-ST-ZIP	WICKLIFFE OH	
TITLE	T	<input type="checkbox"/> DELETE
NAME	PANARO, RICHARD	
STREET ADDRESS	14 ANTHONY RD	
CITY-ST-ZIP	N READING MA	
TITLE	SD	<input type="checkbox"/> DELETE
NAME	PELRIN, JON	
STREET ADDRESS	C-4 PARKVIEW DR	
CITY-ST-ZIP	PLANTSVILLE CT	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

1.1 TITLE	VP/D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME		
1.3 STREET ADDRESS		
1.4 CITY-ST-ZIP		
2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE	P/D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	JOYCE SANTORO-SCACCO	
5.3 STREET ADDRESS	116 CHRISTIAN RD	
5.4 CITY-ST-ZIP	MIDDLEBURY, CT 06762	
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Michael J. Moore*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-5-96 941-774-1142
Date Daytime Phone #

CR2E037 (12/95)