


FILE NOW: FILING FEE IS \$61.25

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Apr 15 1998 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # N25356 (9)**  
1. Corporation Name  
**VANDERBILT BEACH MOTEL CONDOMINIUM, FIRST ADDITION, ASSOCIATION, INC.**

Principal Place of Business <b>P.O. BOX 11209 NAPLES FL 33941</b>	Mailing Address <b>P.O. BOX 11209 NAPLES FL 33941</b>
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3. Date Incorporated or Qualified  
**03/11/1988**

4. FEI Number  
**65-0139182**

Applied For	
Not Applicable	

2. Principal Place of Business 21	2a. Mailing Address 26
Suite, Apt. #, etc. 22 <b>9256 Gulfshore Dr. N.</b>	Suite, Apt. #, etc. 27
City & State 23 <b>Naples FL</b>	City & State 28
Zip 24 <b>34108</b>	Country 25 <b>USA</b>
Zip 29 <b>34101</b>	Country 30 <b>U.S.A.</b>

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

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

7. Is this nonprofit corporation a homeowners association?  
 Yes  No

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30.  
 Yes  No

9. Name and Address of Current Registered Agent

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

10. Name and Address of New Registered Agent

81 Name	
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	<b>FL</b>
85 Zip Code	<b>34108</b>

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) \_\_\_\_\_ DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS

TITLE	<b>VPD</b>	<input type="checkbox"/> DELETE
NAME	<b>MOORE, MICHAEL J.</b>	
STREET ADDRESS	<b>582 GORDONIA DR.</b>	
CITY - ST - ZIP	<b>NAPLES FL</b>	
TITLE	<b>PD</b>	<input checked="" type="checkbox"/> DELETE
NAME	<b>SANTORO-SCASSO, JOYCE</b>	
STREET ADDRESS	<b>116 CHRISTIAN RD</b>	
CITY - ST - ZIP	<b>MIDDLEBURY CT</b>	
TITLE	<b>T</b>	<input type="checkbox"/> DELETE
NAME	<b>PANARO, RICHARD</b>	
STREET ADDRESS	<b>14 ANTHONY RD</b>	
CITY - ST - ZIP	<b>N READING MA</b>	
TITLE	<b>SD</b>	<input type="checkbox"/> DELETE
NAME	<b>PELRIN, JON</b>	
STREET ADDRESS	<b>C-4 PARKVIEW DR</b>	
CITY - ST - ZIP	<b>PLANTSVILLE CT</b>	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<b>D</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	<b>MICHAEL MOORE</b>	
1.3 STREET ADDRESS	<b>582 GORDONIA DR</b>	
1.4 CITY - ST - ZIP	<b>Naples FL 34108</b>	
2.1 TITLE	<b>VPD</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	<b>LARRY HICKS</b>	
2.3 STREET ADDRESS	<b>19 BENJAMIN ST.</b>	
2.4 CITY - ST - ZIP	<b>OLD GREENWICH CT 06870</b>	
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY - ST - ZIP	<b>N READING MA 01864</b>	
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY - ST - ZIP	<b>PLANTSVILLE CT 06479</b>	
5.1 TITLE	<b>PD</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	<b>LEONARD GALICKI</b>	
5.3 STREET ADDRESS	<b>1907 SAVANNAH PKWY</b>	
5.4 CITY - ST - ZIP	<b>WEST LAKE OH 44145</b>	
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 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 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 4/10/98 941-774-1142

CR2E037 (10/97)