NONPROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # N25356 1. Corporation Name

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

Principal Place of Business 9256 GULSHORE DR N NAPLES FL 34108 US

Mailing Address

P.O. BOX 11209 NAPLES FL 34101

FILED Mar 26, 1999 8:00 am § Secretary of State

03-26-1999 90011 023 ****61.25



| Z. Principal Pi | ace of Business | | Za. Mailing Address | | | | | 03/11/1988 | | | | | |
|--|---|---------------|--|---------------------------------------|---|------------------------------|--|--|---------------|-------------|----------------|------------|--|
| 21 | | 26 | Suite, Apt. #, etc. | | | | | 4. FEI Number | | $\neg \top$ | Anni | ied For | |
| Suite, Apt. #, etc. | | | — | | | | 65-0139182 | | | | Not Applicable | | |
| 2 2 2 2 2 2 | | 27 | City & State | | | | 7 | | | \$8.7 | | ditional | |
| City & State City & | | | City & State | d State | | | | 5. Certifcate of Status Desired | | * | Req | | |
| Zip | | | | | Country | | T | 6. Election Campaign Financing | | \$5. | 00 м | ay Be | |
| 24 | 25 29 30 | | | | <u> </u> | | | Trust Fund Contribution | | | Added to Fees | | |
| | | | 10. Name and Address of New Registered Agent | | | | | | | | | | |
| | | | | | 81 | Name | | | | | | | |
| MOORE, MICHAEL J | | | | | | Street Addre | Street Address (P.O. Box Number is Not Acceptable) | | | | | | |
| 9225 GULF SHORE DR. NORTH | | | | | 82 Street Address (P.O. Box Number is Not Acceptable) | | | | | | | | |
| NAPLES FL 34108 | | | | | 83 | | | | | | | | |
| MAI LEG I | V 11 (Mar 5 - 30)37 | | | | 84 | City | _ | | | 85 | Zip Co | nde | |
| The supplied by | | | | | | City | | • | FL | " | L.IP 0. | | |
| 11. Pursuant | | and 6 | 17.1508, Florida Statute | s, the a | bove | -named corpo | ога | tion submits this statement for the | purpose of o | changing | g its re | gistered | |
| office or re | egistered agent, or both, in the State of m familiar with, and accept the obligation | Floric | da. Such change was at | itnonze | ı by t | the corporatio | on's | board of directors. I hereby accep | t the appoin | itment a | s regi | sterea | |
| SIGNATURE | | | | | | | 4* | | DATE | | | | |
| Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered / 12. OFFICERS AND DIRECTORS 13. | | | | | | signature required | a wn | ADDITIONS/CHANGES TO OF | | D DIRE | CTOR | S IN 12 | |
| TITLE | D OFFICERS AND | DELETE | | | 1.1 TITLE | | <u>5</u> | | | Char | | . Addition | |
| | _ | | | 1.2 NAM | | | | u M. Lad | | - | | | |
| NAME | MOORE, MICHAEL | JONE, MICHAEL | | | 1.3 STREET ADDRESS | | 9 | ore Michael 25 Gulf Shore Dr | . 1 | | | | |
| STREET ADORESS | 582 GORDONIA DR | | | | | OT TO | | 23 GWH 24612 OF | ∼. | | | | |
| CITY-ST-ZIP | NAPLES FL 34108 | | | | 1.4 CITY-ST-ZIP | | | ples, FL 34108 | | Char | nge | Addition | |
| TITLE | VPD | | _ | | | | D | la Larre | | 250 01101 | | | |
| NAME | HICKS, LARRY | | | 2.2 NAME H 1 2.3 STREET ADDRESS 19 | | 4 | ks Larry | | | | | | |
| STREET ADDRESS | O DELITOR SIMILARY | | | | | 14.1 | 111100 1000 | | | | | | |
| CITY-ST-ZIP | OLD GILLETTING OF COURT | | | _ | 2.4 CITY-ST-ZIP | | | Greenwich CI | DEXI | | | Addition | |
| TITLE | T DELETE 3 | | 3.1 T | 3.1 TITLE | | | | | Chai | nge | □ Nagilion | | |
| NAME | PANARO, RICHARD 3.21 | | 3.2 N | 3.2 NAME | | | | | | | | | |
| STREET ADDRESS | 14 ANTHONY RD | | | 3.3 S | TREET | ADDRESS | | | | | | | |
| CITY-ST-ZIP | N READING MA 01864 | | | 3.4.0 | ITY-SI | | _ | | _ | | | - | |
| TITLE . | SD | | DELETE | TE 4.1 TITL | | آخ | Ď | . 1 1 | | Char | nge | Addition | |
| NAME | PERLIN, JON | | | 4.21 | AME | Pe | ΛĹ | in Linaa | | | | | |
| STREET ADDRESS | C-4 PARKVIEW DR | | | 4.3 S | TREET | ADDRESS C- | -4 | in Linda Parkview Dr. ntsville CT Ob | 1 | | | | |
| CITY-ST-ZiP | PLANTSVILLE CT 06479 | 4. | | 4.4 C | CITY-ST-ZIP | | 0 | ntsville CT Ob | 179 | | | | |
| TITLE | PD . | | DELETE | | 1 TITLE | | | | | Cha | nge | ☐ Addition | |
| NAME | GALICKI, LEONARD | | | 5.2 N | AME | | | | | | | | |
| STREET ADDRESS | | | | 5.3 S | TREET | ADDRESS | | | | | | | |
| CITY-ST-ZIP | WEST LAKE OH 44145 | | | 5.4 C | ITY-S1 | -ZIP | | | | | | | |
| TITLE | - 10 Bac of 11110 | | | | S.1 TITLE | |) | | | ☐ Cha | nge | Addition | |
| NAME TO THE | MATERIAL CONTRACTOR | | | 6.2 N | AME | AL | O/ | dala. Ahmed | | | | | |
| STREET ADDRESS | 1 5 4 4 5 5 6 6 6 6 6 6 6 6 6 6 6 6 6 6 6 | | | 6.3 S | TREET | ADDRESS 35 | Šί | dala, Ahmed of Tripoli Blvd. | | | | | |
| | · · · · · · · · · · · · · · · · · · · | | | | TY-ST | . _{7IP} \vec{p} | .0 | ta Gorda FL 3 | 2941 | | | | |
| CITY-ST-ZIP | partify that the information supplied with | thic f | fling dose not qualify for | | | on stated in S | ا فيد 200 | tion 119 07/3\/i) Florida Statutes | Lfurther cert | ify that | the inf | ormation | |

I nereby certify that the information supplied with this litting does not quality for the exemption stated in Section 1.19.07(3)(f), richidal statutes. I harder certify that the mindleated 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, Floridal Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

941-597-3144