

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 29, 2002 8:00 am
Secretary of State

04-29-2002 90121 039 ****61.25

DOCUMENT # N25356

1. Entity Name

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

Principal Place of Business

Mailing Address

9256 GULSHORE DR N
 NAPLES FL 34108
 US

P.O. BOX 11209
 NAPLES FL 34101
 US

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

65-0139182

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

MOORE, MICHAEL J
9225 GULF SHORE DR. NORTH
NAPLES FL 34108

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.

SIGNATURE

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

(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
 Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	VD	<input type="checkbox"/> Delete
NAME	MOORE, MICHAEL	
STREET ADDRESS	9225 GULF SHORE DR., N	
CITY-ST-ZIP	NAPLES FL 34108	
TITLE	PD	<input type="checkbox"/> Delete
NAME	HICKS, LARRY	
STREET ADDRESS	19 BENJAMIN ST	
CITY-ST-ZIP	OLD.GREENWICH.CT.06870	
TITLE	T	<input type="checkbox"/> Delete
NAME	PANARO, RICHARD	
STREET ADDRESS	14 ANTHONY RD	
CITY-ST-ZIP	N READING MA 01864	
TITLE	SD	<input type="checkbox"/> Delete
NAME	PELRIN, LINDA	
STREET ADDRESS	C-4 PARKVIEW DR	
CITY-ST-ZIP	PLANTSVILLE CT 06479	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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)(l), 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: SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/15/02 941-597-3441

Date

Daytime Phone #

CFR2E037 (9/01)