## 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# N25356

Apr 30, 2004 Secretary of State

Entity Name: VANDERBILT BEACH MOTEL CONDOMINIUM, FIRST ADDITION, ASSOCIATION, INC.

**Current Principal Place of Business: New Principal Place of Business:** 9256 GULSHORE DR N NAPLES, FL 34108 **Current Mailing Address: New Mailing Address:** P.O. BOX 11209 NAPLES, FL 34101 US FEI Number: 65-0139182 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( ) Name and Address of Current Registered Agent: Name and Address of New Registered Agent: MOORE, MICHAEL J HART, STEPHEN P 9225 GÜLF SHORE DR. NORTH COLLÍER FINANCIAL INC. NAPLES, FL 34108 4985 E. TAMIAMI TRAIL NAPLES, FL 341134131 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: STEPHEN P HART 04/30/2004 Electronic Signature of Registered Agent Date **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: () Change () Addition () Delete MOORE, MICHAEL Name: Name: 9225 GULF SHORE DR., N Address: Address: City-St-Zip: NAPLES, FL 34108 City-St-Zip: Title: PD Title: ( ) Delete () Change () Addition Name: HICKS, LARRY Name: Address: 19 BENJAMIN ST Address: City-St-Zip: OLD GREENWICH, CT 06870 City-St-Zip: Title: () Delete Title: () Change () Addition PANARO, RICHARD Name: Name: Address: 14 ANTHONY RD Address: City-St-Zip: N READING, MA 01864 City-St-Zip: Title: SD ( ) Delete Title: () Change () Addition Name: PELRIN, LINDA Name: Address: C-4 PARKVIEW DR Address: City-St-Zip: PLANTSVILLE, CT 06479 City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MICHAEL MOORE PD 04/30/2004