

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED
Apr 28, 2006
Secretary of State**

DOCUMENT# N25356

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

Current Principal Place of Business:

9256 GULSHORE DR N
NAPLES, FL 34108 US

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 11209
NAPLES, FL 34101 US

New Mailing Address:

FEI Number: 65-0139182 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**

Name and Address of Current Registered Agent:

HART, STEPHEN P.
COLLIER FINANCIAL INC.
4985 E. TAMiami TRAIL
NAPLES, FL 341134131 US

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: VD () Delete
Name: MOORE, MICHAEL
Address: 9225 GULF SHORE DR., N
City-St-Zip: NAPLES, FL 34108

Title: PD () Delete
Name: HICKS, LARRY
Address: 19 BENJAMIN ST
City-St-Zip: OLD GREENWICH, CT 06870

Title: T () Delete
Name: PANARO, RICHARD
Address: 14 ANTHONY RD
City-St-Zip: N READING, MA 01864

Title: SD () Delete
Name: PELRIN, LINDA
Address: C-4 PARKVIEW DR
City-St-Zip: PLANTSVILLE, CT 06479

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, 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: LARRY HICKS

PD

04/28/2006

Electronic Signature of Signing Officer or Director

Date