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**FILED**  
**Apr 09, 1999 8:00 am**  
**Secretary of State**

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**NONPROFIT CORPORATION ANNUAL REPORT 1999**



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
 Secretary of State  
 DIVISION OF CORPORATIONS

**DOCUMENT # N31728**

1. Corporation Name  
**VANDERBILT VILLAS CONDOMINIUM ASSOCIATION, INC.**

Principal Place of Business      Mailing Address

509 ROMA COURT  
 NAPLES FL 34110  
 US

1040 6TH AVENUE, NORTH  
 NAPLES FL 34102



2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.	04/14/1989
22 City & State	27 City & State	4. FEI Number
23 Zip	28 Zip	65-0116136
24 Country	29 Country	Applied For
	30	Not Applicable
		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees

9. Name and Address of Current Registered Agent

**FOESMAN, WILLIAM F**  
 1040 6TH AVENUE, NORTH  
 NAPLES FL 34102

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

85 Zip Code

**FL**

11. Pursuant to the provisions of Sections 617.0502 and 617.1608, 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	PTD	<input checked="" type="checkbox"/> DELETE
NAME	RISMAN, STANLEY	
STREET ADDRESS	509 ROMA COURT, #102	
CITY-ST-ZIP	NAPLES FL 34110	
TITLE	VD	<input checked="" type="checkbox"/> DELETE
NAME	LIDRBAUCH, NORMAN	
STREET ADDRESS	4135 PATHFIELD DRIVE	
CITY-ST-ZIP	GAHANNA OH 53230	
TITLE	SD	<input checked="" type="checkbox"/> DELETE
NAME	STANTON, PEGGY	
STREET ADDRESS	509 ROMA COURT, #103	
CITY-ST-ZIP	NAPLES FL 34110	
TITLE	D	<input type="checkbox"/> DELETE
NAME	GRAVINA, JOSEPH	
STREET ADDRESS	26 RIDGE ROAD	
CITY-ST-ZIP	ROSELAND NJ 07068	
TITLE	D	<input type="checkbox"/> DELETE
NAME	RINALDI, CARL	
STREET ADDRESS	39 WANGONK TRAIL	
CITY-ST-ZIP	EAST HAMPTON CT 06424	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	PTD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	LIDRBAUCH, NORMAN	
1.3 STREET ADDRESS	509 ROMA CT #105	
1.4 CITY-ST-ZIP	NAPLES FL 34110	
2.1 TITLE	VD	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	CARL RINALDI	
2.3 STREET ADDRESS	39 WANGONK TRAIL	
2.4 CITY-ST-ZIP	EAST HAMPTON CT 06424	
3.1 TITLE	SD	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	JOSEPH GRAVINA	
3.3 STREET ADDRESS	26 RIDGE ROAD	
3.4 CITY-ST-ZIP	ROSELAND NJ 07068	
4.1 TITLE	T	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	ERNEST IMBRIANO	
4.3 STREET ADDRESS	509 ROMA CT #204	
4.4 CITY-ST-ZIP	NAPLES FL 34110	
5.1 TITLE	D	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	LINDA BAKER	
5.3 STREET ADDRESS	509 ROMA CT #205	
5.4 CITY-ST-ZIP	NAPLES FL 34110	
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, with all other like empowered.

SIGNATURE: \_\_\_\_\_ DATE: 4/2/99 DAYTIME PHONE # \_\_\_\_\_

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