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NONPROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

1996

Principal Place of Business

DOCUMENT # 751005

(0)

Mailing Address

VANDERBILT SURF COLONY, A CONDOMINIUM, SECTION I I, ASSOCIATION, INC.

15 BLUEBILL AVE 15 BLUEBILL AVE NAPLES FL 33963 NAPLES FL 33963 3. Date Incorporated or Qualified 3a. Date of Last Report 02/12/1980 05/01/1995 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 59-2099444 21 26 Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired 22 27 Fee Required City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 28 Trust Fund Contribution Added to Fees Ζφ Country 8. This corporation has liability for intangible tax under s. 199,032, 24 25 29 30 ☐ Yes ☐ No Florida Statutes 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name SWALM & MURRELL, P.A. Street Address (P.O. Box Number is Not Acceptable) 82 2375 TAMIAMI TR N SUITE 308 83 NAPLES FL 33940 City 84 Zip Code 85 11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 TITLE DELETE 1.1 TITLE ☐ Change Addition BERKOBEN, CHARLES W NAME 12 NAME STREET ADDRESS 15 BLUEBILL AVE 1.3 STREET ADDRESS NAPLES FL CITY-ST-ZIP 1.4 CITY-ST-ZIP TITLE XIDELETE VD 2.1 TITLE Change **Addition** RITCHIE. RICHARD E. NAME 2.2 NAME KLOPF, RICHARD 1 PENN PLACE, P.O. BOX 95 STREET ADDRESS 15 Bluebill Avenue 2.3 STREET ADDRESS FORKED RIVER NJ CITY-ST-ZIP Naples, FL 33963 2.4 CITY-ST-7IP TITLE DELETE 3.1 TITLE Change ☐ Addition STONE, NORBERT NAME 3.2 NAME 636 B SUNSET STREET ADDRESS 3.3 STREET ADDRESS **EVANSVILLE IN** CITY-ST-ZIP 3.4. CITY - ST - ZIP TITLE DELETE 4.1 TITLE ☐ Chance Addition SCHULTZ, ROBERT NAME 4. 2 NAME 410 DEER RUN STREET ADDRESS 4.3 STREET ADDRESS **NORRISTOWN PA** CITY-ST-ZIP 4.4 CITY-ST-ZIP TITLE DELETE PD 5.1 TITLE K Change Addition HYLAND, DEAN NAME 5.2 NAME HYLAND, DEAN 15 BLUEBILL AVE STREET ADDRESS 15 Bluebill Avenue 5.3 STREET ADDRESS NAPLES FL CITY-ST-ZIP 5.4 CITY-ST-ZIP Naples, FL 33963 TITLE DELETE ☐ Change 6.1 TITLE Addition D GUY, ELIZABETH B NAME 6.2 NAME OBERMAN, JAMES CITY-ST-ZIP SHAKER HTS. OH

63 STREET ADDRESS
64 CITY-ST-ZIP

SHAKER HTS. OH

63 STREET ADDRESS
64 CITY-ST-ZIP

15 Bluebill Avenue
Naples, FL 33963

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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.

SIGNATURE: Listeral Cloyd Richard Klopf 4/10/96 (941) 597-9141

CR2E037 (12/95)