2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DO NOT WRITE IN THIS SPACE

DOCUMENT #745321

1. Entity Name

VANDERBILT SURF COLONY RECREATIONAL AND MAINTENANCE ASSOCIATION, INC.



FILED Jan 11, 2006 08:00 AN Secretary of State

Principal Place of Business

11 BLUEBILL AVE STE 502 NAPLES, FL 34108 US Mailing Address

11 BLUEBILL AVE STE 502 NAPLES, FL 34108 US



01082006 No Chg-NP

CR2E037 (11/05)

4. FEI Number 59-1798261 Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional

6. Name and Address of Current Registered Agent

GROH, HERMAN 11 BLUEBILL AVE STE 502 NAPLES, FL 34108

SIGNATURE:

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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. I am familiar with, and accept the obligations of registered agent.						
\$IGNATURE.	Signature, typed or printed name of registered agent and title if applicable. (NOTE, Registered Agent signature required when releasesting) DATE					
	Filing Fee is \$61.25 Due by May 1, 2006	Election Campaign Financing Trust Fund Contribution		\$5.00 May Be Added to Fees		
10.	OFFICERS AND DIR	ECTORS			<u> </u>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD RICHARD, RICHIE 15 BLUEBILL AVENUE NAPLES, FL 34108					
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVS GINGRRUD, HAROLD 17 BLUEBILL AVE. NAPLES, FL 34108		U00000382759 01/12/06-80026-005 61.25			
TITLE MAME STREET ADDRESS CITY-ST-ZIP	TD GROH, HERMAN 11 BLUEBILL AVE. NAPLES, FL 34108			DO	NOT WRITE	
NTLE NAME STREET ADDRESS CITY-ST-ZIP				IN	THIS SPACE	
TITLE NAME STREET ADDRESS GITY-ST-ZIP						
TITLE NAME STREET ADDRESS CITY-ST-ZIP					,	
12. I hereby certify that the information supplied with this filling does not qualify for the exemptions contained 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 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 AND TYPED OR FRANCED NAME OF SIGNING OFFICER OR DIRECTOR