

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 24, 2008 8:00 am
Secretary of State

03-24-2008 90072 046 ****61.25

DOCUMENT # 751005

1. Entity Name
**VANDERBILT SURF COLONY, A CONDOMINIUM,
SECTION II, ASSOCIATION, INC.**



Principal Place of Business
**15 BLUEBILL AVE
NAPLES, FL 34108**

Mailing Address
**15 BLUEBILL AVE
NAPLES, FL 34108**

50001279



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

02052008 Chg-NP CR2E037 (12/06)

City & State

City & State

4. FEI Number
59-2099444

Applied For
Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐ **\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**SAMOUCE, MURRELL & GAL, P.A.
5405 PARK CENTRAL COURT
NAPLES, FL 34109**

Name

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

City

FL

Zip Code

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.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25
Due by May 1, 2008**

9. Election Campaign Financing
Trust Fund Contribution, ☐

**\$5.00 May Be
Added to Fees**

**Make check payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE **D** ☐ Delete
NAME **PALEN, DICK**
STREET ADDRESS **15 BLUE BILL AVE 304**
CITY-ST-ZIP **NAPLES, FL 34108**

TITLE **D** ☐ Delete
NAME **LIBBY, JIM**
STREET ADDRESS **15 BLUE BILL AVE 702**
CITY-ST-ZIP **NAPLES, FL 34108**

TITLE **DP** ☐ Delete
NAME **BIANCO, JOE**
STREET ADDRESS **15 BLUEBILL AVE**
CITY-ST-ZIP **NAPLES, FL 34108**

TITLE **DT** ☒ Delete
NAME **KUDZMA, JACK**
STREET ADDRESS **15 BLUEBILL AVE.**
CITY-ST-ZIP **NAPLES, FL 34108**

TITLE **DVP** ☐ Delete
NAME **SUBER, CHRIS**
STREET ADDRESS **15 BLUE BILL AVE 101**
CITY-ST-ZIP **NAPLES, FL 34108**

TITLE **DS** ☒ Delete
NAME **SHYKEN, CHARLENE**
STREET ADDRESS **15 BLUEBILL AVE**
CITY-ST-ZIP **NAPLES, FL**

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **DS** ☒ Change ☐ Addition
NAME **PALEN, DICK**
STREET ADDRESS **15 Blue Bill Ave #304**
CITY-ST-ZIP **NAPLES FL 34108**

TITLE **D** ☐ Change ☒ Addition
NAME **ANDERSON, HARRY**
STREET ADDRESS **15 Blue Bill Ave #106**
CITY-ST-ZIP **NAPLES, FL 34108**

TITLE **DP** ☐ Change ☐ Addition
NAME **BIANCO, JOE**
STREET ADDRESS **15 BLUEBILL AVE**
CITY-ST-ZIP **NAPLES, FL 34108**

TITLE **DT** ☐ Change ☒ Addition
NAME **SHYKEN, HERMAN**
STREET ADDRESS **15 Blue Bill Ave #1003**
CITY-ST-ZIP **NAPLES, FL 34108**

TITLE **DVP** ☒ Change ☐ Addition
NAME **SUBER, CHRIS**
STREET ADDRESS **15 Blue Bill Ave #101**
CITY-ST-ZIP **NAPLES, FL 34108**

TITLE **D** ☐ Change ☒ Addition
NAME **REINHARD, NEDRA**
STREET ADDRESS **15 Blue Bill Ave #805**
CITY-ST-ZIP **NAPLES, FL 34108**

12. I hereby certify that the information supplied with this filing 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/13/08

Date

239-597-941

Daytime Phone #