## 2003 NOT-FOR-PROFIT CORPORATION **UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # 751005

1. Entity Name

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



**FILED** Apr 30, 2003 8:00 am § Secretary of State

04-30-2003 90040 013 \*\*\*\*61.25

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Principal Plac	ce of Business		Mailing	Address			7				
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NAPLES FL 34108				S FL 34108		•	1				
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Suite, Apt. #, etc. Suite, Apt. #, etc.			te, Apt, #, etc.			1	ONEON TIEBE II	- 1446/11/07	CLIANICEC		
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City & State			City	City & State			4. FEI Number	59-2099444		Ar	oplied For
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Zip		Country	Zip		Country					8.75 Add	ditional
			'	Zip			5. Certificate of S	Status Desired	1 1 7	ee Require	
6. Name and Address of Current R			nt Registere	d Agent		-	7. Name and Ad	dress of New Re	gistered A	ent:	
		****			Nan	ne			<del>*</del>	·	
SWALM & MURRELL, P.A.											
					Stre	et Address (	(P.O. Box Number is	Not Acceptable)			
	amiami TR N				-		<del></del>				
SUITE 3											
NAPLES	FL 33940				City		<del></del>		FL	Zip Cod	e
							<u> </u>				
		submits this statement	for the purpo	se of changing its	registered offic	e or register	red agent, or both, ir	n the State of Flor	ida. I am fa	miliar with,	and accept
the obligation	ations of registe	ered agent.									
		•									
SIGNATURE .			***								
	Signature, typed o	or printed name of registered age:	nt and title if appli	cable. (NOTE	: Registered Agent t	signature required	d when reinstating)		DATE		
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9. Election Campaign											
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		FEE IS \$61.25	DIRECTORS		. •			Florida	a Departr	ment of S	State
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10. TITLE	PD RITCHIE,	OFFICERS AND D	DIRECTORS	Trust Fund C	11.		Added to Fees	Florida GES TO OFFICER	a Departr	nent of S	State
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12. 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 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:**