

2016 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 750904

FILED
Mar 14, 2016
Secretary of State
CC9596700519

Entity Name: VANDERBILT GULFSIDE CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business:

10851 GULF SHORE DR.
NAPLES, FL 34108

Current Mailing Address:

10851 GULF SHORE DR.
NAPLES, FL 34108

FEI Number: 59-2202214

Certificate of Status Desired: Yes

Name and Address of Current Registered Agent:

BECKER & POLIAKOFF, P.A.
4001 TAMiami TRAIL NORTH, SUITE 410
NAPLES, FL 34103 US

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title SECRETARY
Name WONDASCH, PAUL
Address 15 TOTTEN DRIVE
City-State-Zip: BRIDGEWATER NE 08807

Title PRESIDENT
Name TOTER, VICTORIA
Address 10951 GULF SHORE DR
1005
City-State-Zip: NAPLES FL 34108

Title DIRECTOR
Name REID, ALLAN
Address 820 CRAIG DRIVE
City-State-Zip: HENDERSON KY 42420

Title DIRECTOR
Name POPOWYCH, NESTER
Address 33 PARK LANE
City-State-Zip: PARK RIDGE IL 60068

Title DIRECTOR
Name BURR, PETER
Address 5007 LONG KNIFE RUN
City-State-Zip: LOUISVILLE KY 40207

Title VP
Name HOOPER, TOM
Address 10-12 DELAWARE DRIVE
City-State-Zip: SALEM NH 03079

Title DIRECTOR
Name HOGAN, JOHN
Address 33 DIKE DRIVE
City-State-Zip: CLINTON MA 01510

Title DIRECTOR
Name NORMAN, KAREN
Address 9230 OVERLOOK TRAIL
City-State-Zip: EDEN PRAIRIE MN 55347

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I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: VICTORIA TOTER

PRESIDENT

03/14/2016

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

Title TREASURER
Name MOODY, GARRY L
Address PO BOX 791
City-State-Zip: CENTER HARBOR NH 03226

Title MANAGER
Name DAMMERT, WAYNE G
Address 333 PINEHURST CIR
City-State-Zip: NAPLES FL 34113