

2023 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 751005

Entity Name: VANDERBILT SURF COLONY, A CONDOMINIUM, SECTION II, ASSOCIATION, INC.**FILED**
Apr 13, 2023
Secretary of State
5909869688CC**Current Principal Place of Business:**C/O RESORT MANAGEMENT
2685 HORSESHOE DR. S. SUITE 215
NAPLES, FL 34104**Current Mailing Address:**C/O RESORT MANAGEMENT
2685 HORSESHOE DR. S. SUITE 215
NAPLES, FL 34104 US**FEI Number: 59-2099444****Certificate of Status Desired: No****Name and Address of Current Registered Agent:**RESORT MANAGEMENT
C/O RESORT MANAGEMENT
2685 HORSESHOE DR. S. SUITE 215
NAPLES, FL 34104 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: ROBERT ROSENOW****04/13/2023**

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title	DIRECTOR
Name	HAJEK, BRIAN
Address	C/O RESORT MANAGEMENT 2685 HORSESHOE DR. S. SUITE 215
City-State-Zip:	NAPLES FL 34104

Title	DIRECTOR
Name	BIANCO, JOSEPH JR
Address	C/O RESORT MANAGEMENT 2685 HORSESHOE DR. S. SUITE 215
City-State-Zip:	NAPLES FL 34104

Title	TREASURER
Name	ROUSSEAU, JEREMY
Address	C/O RESORT MANAGEMENT 2685 HORSESHOE DR. S. SUITE 215
City-State-Zip:	NAPLES FL 34104

Title	DIRECTOR
Name	BOUFFARD, LINDY
Address	C/O RESORT MANAGEMENT 2685 HORSESHOE DR. S. SUITE 215
City-State-Zip:	NAPLES FL 34104

Title	SECRETARY
Name	HARRIS, MARIANNE
Address	C/O RESORT MANAGEMENT 2685 HORSESHOE DR. S. SUITE 215
City-State-Zip:	NAPLES FL 34104

Title	PRESIDENT
Name	NIGON, TERRY
Address	C/O RESORT MANAGEMENT 2685 HORSESHOE DR. S. SUITE 215
City-State-Zip:	NAPLES FL 34104

Title	VP
Name	SURGES, TERESE
Address	C/O RESORT MANAGEMENT 2685 HORSESHOE DR. S. SUITE 215
City-State-Zip:	NAPLES FL 34104

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: MARIANNE HARRIS**SECRETARY****04/13/2023**

Electronic Signature of Signing Officer/Director Detail

Date