

**2021 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N25356

**FILED**  
**Apr 16, 2021**  
**Secretary of State**  
**5546710581CC**

**Entity Name:** VANDERBILT BEACH MOTEL CONDOMINIUM, FIRST ADDITION, ASSOCIATION, INC.

**Current Principal Place of Business:**

9225 GULSHORE DR N  
NAPLES, FL 34108

**Current Mailing Address:**

COLLIER FINANCIAL, INC.  
4985 TAMIAMI TRAIL E.  
NAPLES, FL 34113 US

**FEI Number: 65-0139182**

**Certificate of Status Desired: No**

**Name and Address of Current Registered Agent:**

HART, STEPHEN P  
COLLIER FINANCIAL INC.  
4985 TAMIAMI TRAIL E  
NAPLES, FL 34113 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 VPD  
Name MOORE, MICHAEL  
Address C/O COLLIER FINANCIAL, INC.  
4985 TAMIAMI TRAIL E  
City-State-Zip: NAPLES FL 34113

Title PD  
Name HICKS, LARRY  
Address C/O COLLIER FINANCIAL, INC.  
4985 TAMIAMI TRAIL E.  
City-State-Zip: NAPLES FL 34113

Title TD  
Name PANARO, RICHARD  
Address C/O COLLIER FINANCIAL, INC.  
4985 TAMIAMI TRAIL E  
City-State-Zip: NAPLES FL 34113

Title SD  
Name SHATAS, LINDA  
Address C/O COLLIER FINANCIAL, INC.  
4985 TAMIAMI TRAIL E  
City-State-Zip: NAPLES FL 34113

Title D  
Name JOHNSON, PHIL  
Address C/O COLLIER FINANCIAL, INC.  
4985 TAMIAMI TRAIL E  
City-State-Zip: NAPLES FL 34113

Title D  
Name MOORE, TOM  
Address C/O COLLIER FINANCIAL, INC.  
4985 TAMIAMI TRAIL E  
City-State-Zip: NAPLES FL 34113

Title VPD  
Name TYLER, CRAIG  
Address C/O COLLIER FINANCIAL, INC  
4985 TAMIAMI TRAIL E.  
City-State-Zip: NAPLES FL 34113

*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: LARRY HICKS**

**PRESIDENT**

**04/16/2021**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date