

2023 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N25356

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:**FRANKLY COASTAL FINANCIAL SERVICES LLC
4985 TAMIAMI TRAIL E
NAPLES, FL 34113 US**FEI Number:** 65-0139182**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**FRANKLY COASTAL FINANCIAL SERVICES LLC
FRANKLY COASTAL FINANCIAL SERVICES LLC
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:** CLYDE F. PARRISH, JR.

04/29/2023

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title VPD
Name MOORE, MICHAEL
Address FRANKLY COASTAL FINANCIAL
SERVICES LLC
4985 TAMIAMI TRAIL E
City-State-Zip: NAPLES FL 34113

Title PD
Name HICKS, LARRY
Address FRANKLY COASTAL FINANCIAL
SERVICES LLC
4985 TAMIAMI TRAIL E
City-State-Zip: NAPLES FL 34113

Title TD
Name PANARO, RICHARD
Address FRANKLY COASTAL FINANCIAL
SERVICES LLC
4985 TAMIAMI TRAIL E
City-State-Zip: NAPLES FL 34113

Title SD
Name SHATAS, LINDA
Address FRANKLY COASTAL FINANCIAL
SERVICES LLC
4985 TAMIAMI TRAIL E
City-State-Zip: NAPLES FL 34113

Title D
Name JOHNSON, PHIL
Address FRANKLY COASTAL FINANCIAL
SERVICES LLC
4985 TAMIAMI TRAIL E
City-State-Zip: NAPLES FL 34113

Title D
Name MOORE, TOM
Address FRANKLY COASTAL FINANCIAL
SERVICES LLC
4985 TAMIAMI TRAIL E
City-State-Zip: NAPLES FL 34113

Title VPD
Name TYLER, CRAIG
Address FRANKLY COASTAL FINANCIAL
SERVICES LLC
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: LINDA SHATAS

SECRETARY

04/29/2023

