

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

APPROVED
AND
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95 FEB 21 PM 1:34
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Morham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 715763 (9)

1. Corporation Name

VANDERBILT BEACH PROPERTY OWNERS ASSOCIATION, IN
C.

Principal Place of Business

431 PALM COURT
NAPLES FL 33963

Mailing Address

431 PALM COURT
NAPLES FL 33963

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

12/18/1968

3a. Date of Last Report

06/24/1994

4. FEI Number

59-6519724

Applied For

Not Applicable

2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

24

25

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

29

30

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

☐

\$5.00 May Be
Added to Fees

7. Nonprofit with IRS 501(c)(3)
Tax Exempt Status

☒

\$68.75 Supplemental
Fee Not Required

8. This corporation has liability for intangible tax under S. 199.032,
Florida Statutes

☐ Yes

☒ No

9. Name and Address of Current Registered Agent

JACOB, ARTHUR W.
431 PALM COURT
NAPLES FL 33963

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85

Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reappointing)

DATE

12. OFFICERS AND DIRECTORS

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

D

JACOB, ARTHUR W.
431 PALM COURT
NAPLES FL

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

P

KOBZA, KIM P
393 FLAMINGO AVE
NAPLES, FL 00000

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

T

JOHNSTONE, JUDITH
354 OAK AVENUE
NAPLES, FL 00000

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

VP

LYDON, JEAN
450 TRADEWINDS AVENUE
NAPLES FL

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

S

BAKER JINNE
15 BLUEBILL AVENUE
NAPLES, FL 00000

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

D

BLACKLIDGE, MICHAEL
486 LAGOON AVENUE
NAPLES FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE

12 NAME

13 STREET ADDRESS

14 CITY - ST - ZIP

21 TITLE

22 NAME

23 STREET ADDRESS

24 CITY - ST - ZIP

31 TITLE

32 NAME

33 STREET ADDRESS

34 CITY - ST - ZIP

41 TITLE

42 NAME

43 STREET ADDRESS

44 CITY - ST - ZIP

51 TITLE

52 NAME

53 STREET ADDRESS

54 CITY - ST - ZIP

61 TITLE

62 NAME

63 STREET ADDRESS

64 CITY - ST - ZIP

☐ Change ☐ Addition

600001413236

-02/23/95-01026 Change 016 Addition

*****61.25 *****61.25

☐ Change ☐ Addition

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2A

2-21

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(b), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

JUDITH JOHNSTONE, Treas. 2/17/95 8:13 586.86/1

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Signature (Fees)