

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT

1996



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

DOCUMENT # 715763 (9)

1. Corporation Name

VANDERBILT BEACH PROPERTY OWNERS ASSOCIATION, INC.



Principal Place of Business

Mailing Address

431 PALM COURT 354 OAK AVE
NAPLES FL 33963

431 PALM COURT 354 OAK AVE
NAPLES FL 33963

3. Date Incorporated or Qualified
12/18/1968

3a. Date of Last Report
02/21/1995

2. Principal Place of Business

2a. Mailing Address

21 354 OAK AVE

26 354 OAK AVE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 City & State

27 City & State

23 NAPLES FL

28 NAPLES FL

Zip

Country

Zip

Country

24 33963

25 COLLIER

29 33963

30 COLLIER

4. FEI Number

59-6519724

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

\$5.00 May Be
Added to Fees

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

Yes ☐ No ☒

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

JACOB, ARTHUR W.
431 PALM COURT
NAPLES FL 33963

81 Name JUDY JOHNSTONE

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

83 354 OAK AVE

84 City NAPLES

FL

85 Zip Code 33963

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE

Judy Johnstone

(NOTE: Registered Agent's signature required when reinstating)

DATE

2/7/96

12. OFFICERS AND DIRECTORS

TITLE D
NAME JACOB, ARTHUR W.
STREET ADDRESS 431 PALM COURT
CITY-ST-ZIP NAPLES FL

TITLE P
NAME KOBZA, KIM P
STREET ADDRESS 393 FLAMINGO AVE
CITY-ST-ZIP NAPLES, FL 00000

TITLE T
NAME JOHNSTONE, JUDITH
STREET ADDRESS 354 OAK AVENUE
CITY-ST-ZIP NAPLES, FL 00000

TITLE VP
NAME LYDON, JEAN RICHARD
STREET ADDRESS 450 TRADEWINDS AVENUE
CITY-ST-ZIP NAPLES FL

TITLE S
NAME BAKER JINNIE
STREET ADDRESS 15 BLUEBILL AVENUE
CITY-ST-ZIP NAPLES, FL 00000

TITLE D
NAME BLACKLIDGE, MICHAEL
STREET ADDRESS 486 LAGOON AVENUE
CITY-ST-ZIP NAPLES FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN '92

1.1 TITLE Sec.
1.2 NAME JEAN LYDON
1.3 STREET ADDRESS 450 TRADEWINDS AVE
1.4 CITY-ST-ZIP NAPLES, FL 33963

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

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:

Judy Johnstone
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

2/7/96

Daytime Phone #

941-514 1825

CR2E037 (12/95)