

2-3-97 B-1246 -C

FILE NOW: FILING FEE IS \$61.25

FILED

Feb 03 1997 8:00am
Secretary of StateNONPROFIT
CORPORATION
ANNUAL REPORT
1997FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 715763 (9)

1. Corporation Name

VANDERBILT BEACH PROPERTY OWNERS ASSOCIATION, IN
C.

Principal Place of Business

Mailing Address

354 OAK AVE
NAPLES FL 33963
US354 OAK AVE
NAPLES FL 34108-2323
US3. Date Incorporated or Qualified
12/18/19683a. Date of Last Report
03/13/1996

2. Principal Place of Business

21 450 TRADEWINDS AVE

Suite, Apt. #, etc.

22 City & State

23 NAPLES, FL

Zip

24 34108

Country

25 USA

2a. Mailing Address

26 SAME

27 City & State

28

Zip

29

Country

30

4. FEI Number

59-6519724

Applied For

Not Applicable

5. Certificate of Status Desired

☐ \$8.75 Additional
Fee Required6. Election Campaign Financing
Trust Fund Contribution☐ \$5.00 May Be
Added to Fees8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

JOHNSTONE, JUDY
354 OAK AVE
NAPLES FL 33963

10. Name and Address of New Registered Agent

81 Name

JEAN LYDON

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

450 TRADEWINDS AVE

83

84 City

NAPLES

FL

85 Zip Code

34108

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

JEAN LYDON, SECRETARY

Signature type or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

1/24/97

12. OFFICERS AND DIRECTORS

TITLE D ☒ DELETENAME JACOB, ARTHUR W.
STREET ADDRESS 431 PALM COURT
CITY-ST-ZIP NAPLES FLTITLE P ☒ DELETENAME KOBZA, KIM P
STREET ADDRESS 393 FLAMINGO AVE
CITY-ST-ZIP NAPLES, FL 00000TITLE T ☒ DELETENAME JOHNSTONE, JUDITH
STREET ADDRESS 354 OAK AVENUE
CITY-ST-ZIP NAPLES, FL 00000TITLE P ☐ DELETENAME LYDON, RICHARD
STREET ADDRESS 450 TRADEWINDS AVENUE
CITY-ST-ZIP NAPLES FLTITLE S ☐ DELETENAME LYDON, JEAN
STREET ADDRESS 450 TRADEWINDS AVE
CITY-ST-ZIP NAPLES, FL 00000TITLE V ☐ DELETENAME BLACKLIDGE, MICHAEL
STREET ADDRESS 486 LAGOON AVENUE
CITY-ST-ZIP NAPLES FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☒ Addition1.2 NAME ROBERT F FRITZ, JR
1.3 STREET ADDRESS 228 BAYVIEW AVE
1.4 CITY-ST-ZIP NAPLES, FL 341082.1 TITLE ☐ Change ☒ Addition2.2 NAME DOROTHY KRIVSKY
2.3 STREET ADDRESS 314 EGGRETT AVE
2.4 CITY-ST-ZIP NAPLES, FL 341083.1 TITLE ☐ Change ☒ Addition3.2 NAME CHARLES METZ
3.3 STREET ADDRESS 481 BAYSIDE AVE
3.4 CITY-ST-ZIP NAPLES, FL 341084.1 TITLE ☒ Change ☐ Addition4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP5.1 TITLE ☐ Change ☐ Addition5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP6.1 TITLE ☒ Change ☐ Addition6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

JEAN LYDON, Pres.

1/24/97

941-591-2846

Date Daytime Phone # 0069741

CR2E037 (9/96)