

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998.
AMOUNT DUE ON OR BEFORE 09/30/98: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

FILED

Jul 15 1998 8:00am
Secretary of State

000153

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 715763 (9)

1. Corporation Name

VANDERBILT BEACH PROPERTY OWNERS ASSOCIATION, IN
C.

Principal Place of Business

Mailing Address

450 TRADEWINDS AVE
NAPLES FL 34108
US

350 OAK AVE 450 TRADEWINDS AV
NAPLES FL 34108
US

3. Date Incorporated or Qualified

12/18/1968

4. FEI Number

59-6519724

Applied For
Not Applicable

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 450 TRADEWINDS AVE
Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 NAPLES FL

Zip

Country

24

25

29 34108

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. Is this nonprofit corporation a homeowners association?

☐

Yes

☐ No

8. This corporation owes or has paid the current year Intangible
Personal Property Tax due June 30.

☐

Yes

☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

LYDON, JEAN
450 TRADEWINDS AVE
NAPLES FL 34108

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 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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE 0
NAME FRITZ, ROBERT F JR
STREET ADDRESS 228 BAYVIEW AVE
CITY-ST-ZIP NAPLES FL

☐ DELETE

TITLE 0
NAME KRIRSKY, DOROTHY
STREET ADDRESS 314 EGRET AVE
CITY-ST-ZIP NAPLES, FL 00000

☐ DELETE

TITLE 0 P
NAME METZ, CHARLES
STREET ADDRESS 481 BAYSIDE AVE
CITY-ST-ZIP NAPLES, FL 00000

☐ DELETE

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

☐ DELETE

TITLE 8
NAME LYDON, JEAN
STREET ADDRESS 450 TRADEWINDS AVE
CITY-ST-ZIP NAPLES, FL 00000

☐ DELETE

TITLE V
NAME BLACKIDGE, MICHAEL
STREET ADDRESS 488 LAGOON AVENUE
CITY-ST-ZIP NAPLES FL

☒ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE PLYDON, RICHARD
1.2 NAME
1.3 STREET ADDRESS 450 TRADEWINDS AVE
1.4 CITY-ST-ZIP NAPLES FL 34108

☐ Change

☒ Addition

2.1 TITLE T
2.2 NAME REEVES, BETTY JANE
2.3 STREET ADDRESS 266 EGRET
2.4 CITY-ST-ZIP NAPLES FLA 34108

☐ Change

☒ Addition

3.1 TITLE D
3.2 NAME DEVITO NICK
3.3 STREET ADDRESS 496 WILLETT AVE
3.4 CITY-ST-ZIP NAPLES FL

☐ Change

☒ Addition

4.1 TITLE D
4.2 NAME LINK, HARRIET
4.3 STREET ADDRESS OAK AVE
4.4 CITY-ST-ZIP NAPLES FL 34108

☐ Change

☒ Addition

5.1 TITLE P
5.2 NAME PETIT, PAM
5.3 STREET ADDRESS 492 GERMAIN
5.4 CITY-ST-ZIP NAPLES FL 34108

☐ Change

☒ Addition

6.1 TITLE D
6.2 NAME YARUSEVICH, ALAN
6.3 STREET ADDRESS 495 TRADEWINDS AV
6.4 CITY-ST-ZIP NAPLES FL 34108

☐ Change

☒ Addition

14. I 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

July 16, '98

5972746

Daytime Phone #

CR2E037 (5/98)