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).

NONPROFIT CORPORATION **ANNUAL REPORT** 1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUME 1. Corporation Name	NT#	71576	3	(9)	
VANDERBILT	BEACH	PROPERTY	OWNERS	ASSOCIATION,	IN

FILED Jul 15 1998 8:00am Secretary of State

Principal Place of Business 450 TRADEWINDS AVE NAPLES FL 34108 US 254 CAK AVE #50 TRADE WINDS AV NAPLES FL 34108 US 26 Malling Address 27 28 Malling Address 29 Malling Address 20 Certificate of Status Desired 29 Malling Address 20 City & State 20 City & State 21 City & State 22 Country 23 Country 24 Principal Place of Business 25 Certificate of Status Desired 26 Election Campaign Financing Trust Fund Contribution 27 City & State 28 Malling Address 50 Certificate of Status Desired 50 Cetty & State 70 Is this nonprofit corporation a homeowner 10 Yes 11 Country 12 State Personal Property Tax due June 30 12 Name and Address of Current Registered Agent 10 Name and Address of New Registered 11 Name 12 Street Address (P.O. Box Number is Not Acceptable)	Applied For Not Applicable \$8.75 Additional Fee Required \$5.00 May Be Added to Fees ers association? No urrent year Intangible Yes No
NAPLES FL 34108 US NAPLES FL 34909 US 12/18/1968 4. FEI Number 59-6519724 2. Principal Place of Business 2a. Mailing Address 2b. HSD TRABE WINDS AVE Suite, Apt. #, etc. Suite, Apt. #, etc. City & State City & State Zip Country Zip Name Name LYDON, JEAN	\$8.75 Additional Fee Required \$5,00 May Be Added to Fees ers association? No urrent year Intangible Yes No
2. Principal Place of Business 2a. Mailing Address 2b. HSD TRABE WINDS AVE Suite, Apl. #, etc. Suite, Apl. #, etc. City & State City & State City & State Zip Country B. This corporation owes or has paid the cupersonal Property Tax due June 30. Personal Property Tax due June 30. Name LYDON, JEAN 82 Street Address (P.O. Box Number is Not Acceptable)	\$8.75 Additional Fee Required \$5,00 May Be Added to Fees ers association? No urrent year Intangible Yes No
2. Principal Place of Susiness 2a. Mailling Address 2b. HSD TRABE WINDS AVE Suite, Apl. #, etc. Suite, Apl. #, etc. City & State City & State City & State Zip Country Normal Property Tax due June 30. Name and Address of Current Registered Agent Name LYDON, JEAN Sz Street Address (P.O. Box Number is Not Acceptable)	\$8.75 Additional Fee Required \$5.00 May Be Added to Fees ers association? No urrent year Intangible Yes No
21 28 H5D TRADE WINDS RVE 5. Certificate of Status Desired Suite, Apt. #, etc. Suite, Apt. #, etc. 22 2 7 6. Election Campaign Financing Trust Fund Contribution	Fee Required \$5.00 May Be Added to Fees ers association? No urrent year Intangible Yes No
Suite, Apl. #, etc. Suite, Apl. #, etc. City & State City & State City & State 28 NOPIEC FL Zip Country Zip Country Zip Country Zip Country Zip Country Suite, Apl. #, etc. City & State 7. Is this nonprofit corporation a homeowner or has paid the current Registered Agent 81 Name LYDON, JEAN Registered Address (P.O. Box Number is Not Acceptable)	\$5.00 May Be Added to Fees ers association? No urrent year Intangible Yes No
Trust Fund Contribution City & State City & State 7. Is this nonprofit corporation a homeowner 28 NOPIEC FA Zip Country Zip Country Zip Country Zip Country S. This corporation owes or has paid the country personal Property Tax due June 30. 9. Name and Address of Current Registered Agent 81 Name LYDON, JEAN 82 Street Address (P.O. Box Number is Not Acceptable)	Added to Fees ers association? No urrent year Intangible Yes No
City & State City & State 28 NOPIES FL Zip Zip Country Zip Zip Zip Zip Zip Zip Zip Zi	ers association? No urrent year Intangible Yes No
23	☐ No urrent year Intangible ☐ Yes ☐ No
Zip Country Zip Country 8. This corporation owes or has paid the ct 24 25 29 34/08 30 Personal Property Tax due June 30. 9. Name and Address of Current Registered Agent 81 Name LYDON, JEAN 82 Street Address (P.O. Box Number is Not Acceptable)	urrent year Intangible
24 25 29 34108 30 Personal Property Tax due June 30. 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Registered Agent 81 Name LYDON, JEAN 82 Street Address (P.O. Box Number is Not Acceptable)	Yes No
9. Name and Address of Current Registered Agent 10. Name and Address of New Registered 81 Name LYDON, JEAN 82 Street Address (P.O. Box Number is Not Acceptable)	
LYDON, JEAN 81 Name LYDON, JEAN 82 Street Address (P.O. Box Number is Not Acceptable)	
450 TRADEWINDS AVE	
NAPLES FL \$4108	
B4 City	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 charges.	anging 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 appoint agent. I am familiar with, and accept the obligations of, section 617.0503, Florida Statutes.	ntment as registered
	,
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 13. ADDITIONS/CHANGES TO OFFICERS A	IND DIRECTORS IN 12
TITLE DELETE STATE LYDON, RICHARD	Change Addition
NAME FRITZ, ROBERT F JR 12 NAME 450 TRADE WINDS AVE	[
SIRCETADIRESS (228 BAT VIEW AVE	
CITYSTZIP NAPLES FL 34/08]
TITLE DELETE 2.1 TITLE 7	Change 💹 Addition
NAME KRIRSKY, DOROTHY 22 NAME REEUES, BETTY JANE	
STREET ADDRESS 314 EGRET AVE 23 STREET ADDRESS 266 EGRET	
CITY-ST-ZIP MAPLES, FL 00000 24 CITY-ST-ZIP MAPLES FLA 34108	
TITLE DELETE 3.1 TITLE D	Change Addition
NAME METZ, CHARLES 32 NAME DEVITO NICK	[
STREET ADDRESS 481 BAYSIDE AVE 3.3 STREET ADDRESS 4496 WILLETT AVE	
CITYST-ZIP NAPLES, FL 00000 34 CITY-ST-ZIP NAPLES FL	
TITLE DELETE 4.1 TITLE D	Change Addition
NAME LYDON, RICHARD 12 NAME LINK, HARRIET	j
STREET ADDRESS 450 TRADEWINDS AVENUE CITY-ST-ZIP NAPLES FL 34/08 ANE 44 CITY-ST-ZIP NAPLES FL 34/08	
CITY-ST-ZIP NAPLES FL 34/08	
TITLE 6 NAME 1 YDON JEAN DELETE 5.1 TITLE PETIT, PAM 5.2 NAME	Change Addition
	}
And MANCHARDO MAC	}
CITY-ST-ZIP NAPLES, FL 00000 54 CITY-ST-ZIP NAPLES FL 34/08	
TITLE V DELETE 6.1 TITLE D	Change 🔀 Addition
NAME BLACKLIDGE, MICHAEL 62 NAME YARUSE VICH, ALAN	ļ
STREET ADDRESS 486 LAGOON AVENUE 8.3 STREET ADDRESS 495 TRADE WINDS AV	
CITY-ST-ZIP NAPLES FL. 6.4 CITY-ST-ZIP WALLES FL. 3 4/08	that the Information
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 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 unclean 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	der oath; that I am

SIGNATURE: