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**NONPROFIT
CORPORATION
ANNUAL REPORT
1999**



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 715763

1. Corporation Name

**VANDERBILT BEACH PROPERTY OWNERS ASSOCIATION, IN
C.**

Principal Place of Business

**450 TRADEWINDS AVE
NAPLES FL 34108
US**

Mailing Address

**450 TRADEWINDS AVENUE
NAPLES FL 34108
US**



2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

25 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

30 Country

3. Date Incorporated or Qualified

12/18/1968

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

9. Name and Address of Current Registered Agent

**LYDON, JEAN
450 TRADEWINDS AVE
NAPLES FL 34108**

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 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 ☐ DELETE
NAME **P**
STREET ADDRESS **LYDON, RICHARD**
CITY-ST-ZIP **450 TRADEWINDS AVENUE
NAPLES FL 34108**

TITLE ☐ DELETE
NAME **T**
STREET ADDRESS **REEVES, BETTY JANE**
CITY-ST-ZIP **266 EGRET
NAPLES, FL 00000 34108**

TITLE ☒ DELETE
NAME **D**
STREET ADDRESS **DEVITO, NICK**
CITY-ST-ZIP **496 WILLETT AVENUE
NAPLES, FL 00000**

TITLE ☐ DELETE
NAME **D**
STREET ADDRESS **LINK, HARRIET**
CITY-ST-ZIP **OAK AVENUE
NAPLES FL 34108**

TITLE ☐ DELETE
NAME **D**
STREET ADDRESS **PETITT, PAM**
CITY-ST-ZIP **492 GERMAN
NAPLES, FL 00000 34108**

TITLE ☐ DELETE
NAME **D**
STREET ADDRESS **YARUSEVICH, ALAN**
CITY-ST-ZIP **495 TRADEWINDS AVENUE
NAPLES FL 34108**

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☒ Addition
1.2 NAME **V.P.**
1.3 STREET ADDRESS **METZ, CHARLES**
1.4 CITY-ST-ZIP **481 BAYSIDE AV
NAPLES FL 34108**

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME **D**
2.3 STREET ADDRESS **FRITZ, ROBERT**
2.4 CITY-ST-ZIP **228 BAYVIEW AV
NAPLES 34108**

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME **D**
3.3 STREET ADDRESS **HALL, WM**
3.4 CITY-ST-ZIP **348 FLAMINGO AV
34108**

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME **D**
4.3 STREET ADDRESS **MAGOLUGAGE, R**
4.4 CITY-ST-ZIP **406 LAGOON AV
34108**

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

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

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, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1-27-99 9415972746

CR2E037 (11/98)