FILE NOW: FILING FEE LS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

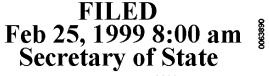
Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # 715763

VANDERBILT BEACH PROPERTY OWNERS ASSOCIATION, IN

Principal Place of Busine
450 TRADEWINDS AVE
NAPLES FL 34108
110



02-25-1999 90058 044 ****61.25

Principal Place									
450 TRADEWIN	IDS AVE	450 TRADEWINDS AVENUE					A AND DISH BURN		
NAPLES FL 34	108	NAPLES FL 34108							
US		US					18 ()I(318() B)B)	 	1 61611 1661
2 Principal D	ace of Business	2a. Mailing Address			+	3. Date Incorporated or Qualifed			
— '	ace of business				- 1	12/18/1968			
Suite, Apt.	# ats	Suite, Apt. #, etc.				4. FEI Number Applied For			
	#, etc.	27			1	59-65 19724		 	Applicable
City & Stat		City & State						\$8.75 A	dditional
23	•	28				5. Certifcate of Status Desired		Fee Rec	uired
Zip	Country	Zip	Countr	у		6. Election Campaign Financing		\$5.00	May Be
24	25	29 30	ō			Trust Fund Contribution		Added to	
	9. Name and Address of Current		<u> </u>			10. Name and Address of New F	Registered A	Agent	
			8	1 Name					
LYDON, J	EAN			Street	Address	(P.O. Box Number is Not Accepta	able)	•	
	EWINDS AVE		82 Street Ad			, (1 .5. DOX 140111501 15 1401 14005)			
NAPLES F	- '		8	3					
INAFLES F	E OTIO		_	4 65				85 Zip C	ode
	and the second s		8	4 City			FL	85 Zip C	ode
11. Pursuant	to the provisions of Sections 617.0502	and 617,1508, Florida Statutes,	, the abo	ve-named	согрога	tion submits this statement for the	purpose of	changing its r	egistered
office or r	to the provisions of Sections 617.0502 egistered agent, or both, in the State o m familiar with, and accept the obligati	it Florida. Such change was autr	nonzea b	v tne como	oration's	s board of directors. I hereby acces	ot the appoir	itment as reg	istered
SIGNATURE		MOTE: D	acceptanced &co	ent signature n	non-lined wh	en reinstating)	DATE		 i
12.	Signature, typed or printed name of registered agent OFFICERS AND		13.	ent signature o	oquiou mi	ADDITIONS/CHANGES TO OF		D DIRECTOR	RS IN 12
TITLE	P	☐ DELETE	1.1 TITLE		V.P			Change	Addition
NAME	LYDON, RICHARD		1.2 NAME	i	MC	TZ, CHARLES			, ,
	450 TRADEWINDS AVENUE			ET ADDRESS	110	1 BAYSIDE AV			
STREET ADORESS	NAPLES FL 34108		1.4 CITY-		70	PALEC EL BUIE	0		ľ
CITY-ST-ZIP TITLE	T	☐ DELETE	2.1 TITLE		5 6	RIFZ. ROBERT		☐ Change	☐ Addition
'	REEVES, BETTY JANE	—	2.2 NAME	Į.		a Baidili Cir Ail	1		1
NAME	266 EGRET			ET ADDRESS	22	8 BAYVIEW AV		•	
STREET ADDRESS	NAPLES, FL 00000 34108		2.4 CITY		NA	PLES- 34108			
CITY-ST-ZIP		X DELETE	3.1 TITLE		^			Change	Addition
TITLE	DENTO NICK	Advers	3.2 NAME		D	ILL, WM		_ "	_
NAME	DEVITO, NICK			ET ADDRESS	~ ^	IN THE WALL AND			
STREET ADDRESS	496 WILLETT AVENUE		i i		34	8 FLAMINGO AV			
CITY-ST-ZIP	NAPLES, FL 00000	☐ DELETE	3.4. CITY 4.1 TITLE		m n	A ALLE ACA D		Change	Addition
ΠΠLE	D LINE HADDIET			•	/// A	GOLUGAGE, R			
NAME	LINK, HARRIET		4. 2 NAM		40	6 LAGOON AV			
STREET ADDRESS	OAK AVENUE			ET ADDRESS		34108			
CITY-ST-ZIP	NAPLES FL 34108	☐ DELETE	4.4 CITY-		 			☐ Change	Addition
TITLE	D DAM	☐ DETE IE	5.1 TYTLE 5.2 NAME						
NAME	PETITT, PAM		1	ET ADDRESS					
STREET ADDRESS	492 GERMAN								
CiTY-ST-ZiP	NAPLES, FL 00000 34108	☐ DELETE	5.4 CITY- 6.1 TITLE		1			☐ Change	Addition
TITLE	D	☐ DELETE	6.2 NAM						
NAME	YARUSEVICH, ALAN		1						
STREET ADDRESS		•		ET ADDRESS					
CITY-ST-ZIP	NAPLES FL 34108		6.4 CITY-	ST-ZIP	1				

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 a attachment with an address, with all other like empowered.

SIGNATURE:

NAPLES FL 34108

1-27-99 94/5972746