


# 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Mar 12, 2004 8:00 am**  
**Secretary of State**

03-12-2004 90029 015 \*\*\*\*70.00

<b>DOCUMENT # 715763</b> 1. Entity Name <b>VANDERBILT BEACH PROPERTY OWNERS ASSOCIATION, INC.</b>					
Principal Place of Business <b>ST JOHN THE EVANGELIST PLC 625 111TH AVE N NAPLES FL 34108 US</b>			Mailing Address <b>P.O. BOX 71330 NAPLES FL 34107 US</b>		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number <b>59-6519724</b> Applied For <input type="checkbox"/> Not Applicable <input type="checkbox"/>	
5. Certificate of Status Desired <input checked="" type="checkbox"/> <b>\$8.75 Additional Fee Required</b>				MOORE CR2E037 (11/03)	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
<b>LYDON, JEAN 450 TRADEWINDS AVE NAPLES FL 34108</b>			Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> Zip Code		
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
<b>FILE NOW: FEE IS \$61.25 Due By May 1, 2004</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
<b>Make Check Payable to Florida Department of State</b>					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	S	<input type="checkbox"/> Delete	TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	STIEFEL, SUSAN		NAME	KUFIA, RICHARD	
STREET ADDRESS	336 OAK AVE		STREET ADDRESS	417 FLAMINGO AV	
CITY-ST-ZIP	NAPLES FL 34108		CITY-ST-ZIP	NAPLES FL 34108	
TITLE	T	<input type="checkbox"/> Delete	TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	LYDON, JEAN		NAME	BURKHART, BRUCE	
STREET ADDRESS	450 TRADEWINDS AVE		STREET ADDRESS	283 OAK	
CITY-ST-ZIP	NAPLES FL 34108		CITY-ST-ZIP	NAPLES FL 34108	
TITLE	PD	<input type="checkbox"/> Delete	TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	BOYER, BJ		NAME	CARPENTER, CHRIS	
STREET ADDRESS	479 PALM AVE		STREET ADDRESS	123 CONNERS AV	
CITY-ST-ZIP	NAPLES FL 34108		CITY-ST-ZIP	NAPLES FL 34108	
TITLE	V	<input type="checkbox"/> Delete	TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	WEYL, CK		NAME	SCHMIDT, LOU	
STREET ADDRESS	478 WHILLET AV		STREET ADDRESS	405 PINE AV	
CITY-ST-ZIP	NAPLES FL 34108		CITY-ST-ZIP	NAPLES FL 34108	
TITLE	D	<input checked="" type="checkbox"/> Delete	TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	GRAY, B.		NAME	MARSHAL, PAM	
STREET ADDRESS	478 SEABEE AVE		STREET ADDRESS	343 CONNERS AVE.	
CITY-ST-ZIP	NAPLES FL 34108		CITY-ST-ZIP	NAPLES, FL 34108	
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	YARUSEVICH, ALAN		NAME		
STREET ADDRESS	495 TRADEWINDS AVENUE		STREET ADDRESS		
CITY-ST-ZIP	NAPLES FL 34108		CITY-ST-ZIP		
12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.					
<b>SIGNATURE:</b> <i>JEAN LYDON</i>			3-08-04 3972746		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					