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Apr 10 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **745321** (0)

1. Corporation Name

VANDERBILT SURF COLONY RECREATIONAL AND MAINTENANCE ASSOCIATION, INC.

Principal Place of Business

**11 BLUEBILL AVE
CONDO #801
NAPLES FL 33963**

Mailing Address

**11 BLUEBILL AVE
CONDO #801
NAPLES FL 34108-1715**

3. Date Incorporated or Qualified
12/20/1978

3a. Date of Last Report
04/01/1996

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

24 **25**

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

29 **30**

4. FEI Number
59-1798261

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

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**HAMMAN, STANLEY
11 BLUEBILL AVE #801
NAPLES FL 33963**

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

OFFICERS AND DIRECTORS

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

12.
TITLE **DV** ☐ DELETE
NAME **BROWN, ED**
STREET ADDRESS **15 BLUEBILL AVE.**
CITY-ST-ZIP **NAPLES FL 33963**

TITLE **TD** ☐ DELETE
NAME **HAMMAN, STANLEY**
STREET ADDRESS **11 BLUEBILL AVE**
CITY-ST-ZIP **NAPLES FL 33963**

TITLE **PD** ☐ DELETE
NAME **STYDLEY, ROBERT**
STREET ADDRESS **17 BLUEBILL AVE.**
CITY-ST-ZIP **NAPLES FL 33963**

TITLE **SD** ☐ DELETE
NAME **VAN BLECK, DAVID B**
STREET ADDRESS **17 BLUEBILL**
CITY-ST-ZIP **NAPLES FL**

TITLE **D** ☐ DELETE
NAME **KOLB, FRANK**
STREET ADDRESS **11 BLUEBILL AVE.**
CITY-ST-ZIP **NAPLES FL 33963**

TITLE **D** ☐ DELETE
NAME **REKER WILLIAM**
STREET ADDRESS **11 BLUEBILL AVE.**
CITY-ST-ZIP **NAPLES FL**

13.
1.1 TITLE ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

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 do 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.

CR2E037 (9/96)