

**2005 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**

**Jan 22, 2005 08:00 AM  
Secretary of State**

**DOCUMENT # 745321**

1. Entity Name  
**VANDERBILT SURF COLONY RECREATIONAL AND  
MAINTENANCE ASSOCIATION, INC.**



Principal Place of Business  
**11 BLUEBILL AVE STE 502  
NAPLES, FL 34108 US**

Mailing Address  
**11 BLUEBILL AVE STE 502  
NAPLES, FL 34108 US**



01202005 No Chg-NP CR2E037 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number <b>59-1798261</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

**6. Name and Address of Current Registered Agent**

**GROH, HERMAN  
11 BLUEBILL AVE STE 502  
NAPLES, FL 34108**

**DO NOT WRITE  
IN THIS SPACE**

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 \_\_\_\_\_

Signature, typed or printed name of registered agent and file if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE \_\_\_\_\_

**Filing Fee is \$61.25  
Due by May 1, 2005**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

**10. OFFICERS AND DIRECTORS**

TITLE	PD
NAME	RICHARD, RICHIE
STREET ADDRESS	15 BLUEBILL AVENUE
CITY-ST-ZIP	NAPLES, FL 34108

TITLE	DVS
NAME	GINGRRUD, HAROLD
STREET ADDRESS	17 BLUEBILL AVE.
CITY-ST-ZIP	NAPLES, FL 34108

TITLE	TD
NAME	GROH, HERMAN
STREET ADDRESS	11 BLUEBILL AVE.
CITY-ST-ZIP	NAPLES, FL 34108

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

1100000191365  
01/24/05-80170-023 61.25

**DO NOT WRITE  
IN THIS SPACE**

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.

**SIGNATURE:** \_\_\_\_\_

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**1/20/05 239-598-9523**  
Date Daytime Phone #