

**2006 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED

**Jan 11, 2006 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	
DO NOT WRITE IN THIS SPACE		
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 title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE _____		
Filing Fee is \$61.25 Due by May 1, 2006		9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees
10. OFFICERS AND DIRECTORS		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD RICHARD, RICHIE 15 BLUEBILL AVENUE NAPLES, FL 34108	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVS GINGRRUD, HAROLD 17 BLUEBILL AVE. NAPLES, FL 34108	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD GROH, HERMAN 11 BLUEBILL AVE. NAPLES, FL 34108	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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:  HERMAN J. GROH 1/9/06 239-598-952 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Treas. Date Daytime Phone #		



01082006 No Chg-NP CR2E037 (11/05)

4. FEI Number 59-1798261	Applied For Not Applicable
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	

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01/12/06-80026-005 61.25

**DO NOT WRITE
IN THIS SPACE**