

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

**FILED**  
**Apr 03, 2006 8:00 am**  
**Secretary of State**

04-03-2006 90355 012 \*\*\*\*61.25

<b>DOCUMENT # 750904</b>					
<b>1. Entity Name</b> VANDERBILT GULFSIDE CONDOMINIUM ASSOCIATION, INC.					
<b>Principal Place of Business</b> 10851 GULF SHORE DR. NAPLES, FL 34108			<b>Mailing Address</b> 10851 GULF SHORE DR. NAPLES, FL 34108		
<b>2. Principal Place of Business</b>		<b>3. Mailing Address</b>			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	<b>4. FEI Number</b> 59-2202214	
<b>5. Certificate of Status Desired</b> <input type="checkbox"/>				<b>\$8.75 Additional Fee Required</b>	
<b>6. Name and Address of Current Registered Agent</b>			<b>7. Name and Address of New Registered Agent</b>		
ADAMS, JOSEPH E BANK OF AMERICA CENTER 4501 TAMiami TRAIL NORTH, SUITE 214 NAPLES, FL 34103-0000			Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code		
<b>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.</b>					
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____					
<b>Filing Fee Is \$61.25 Due by May 1, 2006</b>		<b>9. Election Campaign Financing</b> <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
<b>10. OFFICERS AND DIRECTORS</b>		<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>			
<b>TITLE</b> VPD <b>NAME</b> COSTELLO, JIM <b>STREET ADDRESS</b> 11 ROLLINWOOD DRIVE <b>CITY-ST-ZIP</b> NEW CITY, NY 10956	<input checked="" type="checkbox"/> Delete				
<b>TITLE</b> D <b>NAME</b> GRECO, TONY <b>STREET ADDRESS</b> 347 OLD SUTTON RD <b>CITY-ST-ZIP</b> BARRINGTON HILLS, IL 60010	<input checked="" type="checkbox"/> Delete				
<b>TITLE</b> PD <b>NAME</b> BING, RICHARD <b>STREET ADDRESS</b> 10951 GULFSHORE DR. UNIT 405 <b>CITY-ST-ZIP</b> NAPLES, FL 34108	<input checked="" type="checkbox"/> Delete				
<b>TITLE</b> TD <b>NAME</b> TOTER, VICTORIA H <b>STREET ADDRESS</b> 32917 NORTH RIVER RD <b>CITY-ST-ZIP</b> HARRISON TOWNSHIP, MI 48045	<input type="checkbox"/> Delete				
<b>TITLE</b> D <b>NAME</b> WONDRASCH, PAUL <b>STREET ADDRESS</b> 15 TOTTEN DRIVE <b>CITY-ST-ZIP</b> BRIDGEWATER, NJ 08807	<input type="checkbox"/> Delete				
<b>TITLE</b> D <b>NAME</b> HOWARD, RAY <b>STREET ADDRESS</b> PO BOX 5140 <b>CITY-ST-ZIP</b> WESTPORT, CT 06881	<input checked="" type="checkbox"/> Delete				
<b>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.</b>		<b>Signature:</b> <i>[Signature]</i> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			
<b>3/29/06</b> Date		<b>2395974062</b> Daytime Phone #			