


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 27, 2008 8:00 am
Secretary of State

03-27-2008 90030 036 ****61.25

| | | | | | |
|--|------------------------------|---|---|--|--|
| DOCUMENT # 750904 1. Entity Name VANDERBILT GULFSIDE CONDOMINIUM ASSOCIATION, INC. | | | |  | |
| Principal Place of Business 10851 GULF SHORE DR. NAPLES, FL 34108 | | | Mailing Address 10851 GULF SHORE DR. NAPLES, FL 34108 | | |
| 2. Principal Place of Business - No P.O. Box # | | 3. Mailing Address | | | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | | | |
| City & State | | City & State | | | |
| Zip | Country | Zip | Country | 4. FEI Number 59-2202214 | |
| 5. Certificate of Status Desired <input type="checkbox"/> | | | | Applied For <input type="checkbox"/> Not Applicable | |
| 6. Name and Address of Current Registered Agent | | | | 7. Name and Address of New Registered Agent | |
| 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 <div style="display: flex; justify-content: space-between;"> FL Zip Code </div> | |
| 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 _____ | | | | | |
| Filing Fee is \$61.25 Due by May 1, 2008 | | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> | | \$5.00 May Be Added to Fees | |
| Make check payable to Florida Department of State | | | | | |
| 10. OFFICERS AND DIRECTORS | | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 | | |
| TITLE | S | <input type="checkbox"/> Delete | TITLE | VP | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME | PICHER, PAUL | | NAME | Richard Bing | |
| STREET ADDRESS | 6 BURROWS ROAD | | STREET ADDRESS | 12488 Autumn Way | |
| CITY-ST-ZIP | OTTAWA, ON CANADA | | CITY-ST-ZIP | Carmel, IN 46033 | |
| TITLE | PD | <input type="checkbox"/> Delete | TITLE | D | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME | GRECO, TONY | | NAME | Robert McCall | |
| STREET ADDRESS | 347 OLD SUTTON ROAD | | STREET ADDRESS | 1519 Crescent Road | |
| CITY-ST-ZIP | BARRINGTON, IL 60010 | | CITY-ST-ZIP | Lawrence, KS. 66044 | |
| TITLE | VD | <input checked="" type="checkbox"/> Delete | TITLE | D | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME | LARSON, NORMAN | | NAME | Dalcie Popowych | |
| STREET ADDRESS | 20005 COTTAGEWOOD AVE | | STREET ADDRESS | 24 Hyde Park Square, Flat 12 | |
| CITY-ST-ZIP | EXCELSIOR, MN 55331 | | CITY-ST-ZIP | London, UK W22 2NA | |
| TITLE | TD | <input type="checkbox"/> Delete | TITLE | D | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME | REID, ALLAN | | NAME | Marilyn Fredrickson | |
| STREET ADDRESS | 4828 LONCOLN AVE | | STREET ADDRESS | 10851 Gulfshore Dr. | |
| CITY-ST-ZIP | EVANSVILLE, IN 47715 | | 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 | WONDASCH, PAUL | | NAME | Nestor Popowych | |
| STREET ADDRESS | 15 TOTTEN DRIVE | | STREET ADDRESS | 33 Park Lane | |
| CITY-ST-ZIP | BRIDGEWATER, NJ 08807 | | CITY-ST-ZIP | Park Ridge, IL 60068 | |
| TITLE | D | <input type="checkbox"/> Delete | TITLE | | |
| NAME | BURR, PETER | | NAME | | |
| STREET ADDRESS | 5007 LONG KNIFE RD. | | STREET ADDRESS | | |
| CITY-ST-ZIP | LOUISVILLE, KY 40207 | | CITY-ST-ZIP | | |
| 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 <i>[Signature]</i> President | | | 3/24/08 239-597-4062 | | |
| SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR | | | Date Daytime Phone # | | |