


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 01, 2006 8:00 am
Secretary of State

03-01-2006 90020 004 ****61.25

DOCUMENT # 754169	
1. Entity Name	
VANDERBILT SHORES CONDOMINIUM ASSOCIATION, INC.	

Principal Place of Business	Mailing Address
10701 GULF SHORE DRIVE NAPLES FL 33963	10701 GULF SHORE DRIVE NAPLES FL 34108-3018

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country



1st MOORE CR2E037 (10/05)

6. Name and Address of Current Registered Agent	
MOORE, WILLIAM S C/O MELDON CONSULTANTS 800 HARBOUR DRIVE NAPLES FL 34103	

7. Name and Address of New Registered Agent	
Name	
Street Address (P.O. Box Number is Not Acceptable)	
4949 Tamiami Trail N. Suite # 201	
City	Zip Code
Naples, FL 34103-3017	FL

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 _____

FILE NOW: FEE IS \$61.25 Due By May 1, 2006	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
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE	DV <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HUBER, JAMES	NAME	
STREET ADDRESS	10701 GULF SHORE DRIVE 602	STREET ADDRESS	
CITY-ST-ZIP	NAPLES FL 34108	CITY-ST-ZIP	
TITLE	DT <input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	BROOKE, CHASE	NAME	DAVID JONES
STREET ADDRESS	10701 GULF SHORE DR.	STREET ADDRESS	10691 Gulf Shore Drive #1001
CITY-ST-ZIP	NAPLES FL 34108	CITY-ST-ZIP	Naples, Fla. 34108
TITLE	DP <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	VOSTAL, BOB	NAME	
STREET ADDRESS	10691 GULF SHORE DRIVE #400	STREET ADDRESS	
CITY-ST-ZIP	NAPLES FL 34108	CITY-ST-ZIP	
TITLE	DS <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	STANKARD, RAYMOND	NAME	
STREET ADDRESS	10701 GULF SHORE DR. #900	STREET ADDRESS	
CITY-ST-ZIP	NAPLES FL 34108	CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CLINKENBEARD, WILLIAM	NAME	
STREET ADDRESS	10691 GULF SHORE DR 301	STREET ADDRESS	
CITY-ST-ZIP	NAPLES FL 34108	CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: *Robert T. Vostal* 2/14/06 239-597-1194