

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED
AND
FILED

95 MAR 15 AM 11:11

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 762853 (0)

1. Corporation Name

CASA GRANDE ON VANDERBILT BEACH CONDOMINIUM ASSO
CIATION, INC.

Principal Place of Business

Mailing Address

9653 GULF SHORE DR.
NAPLES FL 33963

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NAPLES FL 33963

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
04/13/1982

3a. Date of Last Report
02/17/1994

4. FEI Number
59-2275809

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

7. Nonprofit with IRS 501(c)(3)
Tax Exempt Status ☐

\$68.75 Supplemental
Fee Not Required

8. This corporation has liability for intangible tax under S. 199.032,
Florida Statutes ☒ Yes ☐ No

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip Country

28 Zip Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

MADSEN, HARVEY
28850 WINTHROP CIRCLE
BONITA SPRINGS FL 33923

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

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

(NOTE: Registered Agent signature required when re-registering)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE DP
NAME WALKER, GORDON
STREET ADDRESS 4664 TIPTON DRIVE
CITY-ST-ZIP TROY MI

1.1 TITLE D ☒ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS 2217 Juniper Court
1.4 CITY-ST-ZIP Shelby Twp., MI 48316

TITLE DS
NAME ARTHUR, BRYAN
STREET ADDRESS 1004 PINE TREE LANE
CITY-ST-ZIP WINNETKA IL

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

TITLE DV
NAME YOUNGS, GORDON
STREET ADDRESS 29 SENTINEL ROAD
CITY-ST-ZIP WASHINGTON CROSSING PA

3.1 TITLE DP ☒ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

TITLE D
NAME OLSON, GENE
STREET ADDRESS 2181 FERRIS LANE
CITY-ST-ZIP ROSEVILLE MN

4.1 TITLE ☒ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS Moved. Mr. Olson no longer resides
4.4 CITY-ST-ZIP in the Casa Grande.

TITLE D
NAME GREW, THOMAS
STREET ADDRESS 95 PLEASANT ST.
CITY-ST-ZIP S. YARMOUTH MA

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE TD
NAME PERRI, RON
STREET ADDRESS 18175 COLLINE VUE BLVD
CITY-ST-ZIP BROOKFIELD WI

6.1 TITLE DT ☒ Change ☐ Addition
6.2 NAME Hopwood, Loren
6.3 STREET ADDRESS RR 2, Box 40
6.4 CITY-ST-ZIP Athens, IL 62613

14. I do hereby certify that the information furnished with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Gordon Youngs

2-17-95

Date

813-598-2438

Daytime Phone #