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Jan 27 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT
1997

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

DOCUMENT # **762853** **(0)**

1. Corporation Name

CASA GRANDE ON VANDERBILT BEACH CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business	Mailing Address
9653 GULF SHORE DR. NAPLES FL 33963	9653 GULF SHORE DR. NAPLES FL 34108-2086

3. Date Incorporated or Qualified: **04/13/1982**
3a. Date of Last Report: **01/25/1996**

2. Principal Place of Business 21	2a. Mailing Address 26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 / Country 25	Zip 29 / Country 30

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

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

9. Name and Address of Current Registered Agent

MADSEN, HARVEY
28850 WINTHROP CIRCLE
BONITA SPRINGS FL 33923

10. Name and Address of New Registered Agent

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 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	DVP	☒ DELETE	1.1 TITLE	D	☐ Change ☒ Addition
NAME	WALKER, GORDON		1.2 NAME	LASH, HAROLD	
STREET ADDRESS	2217 JUNIPER COURT		1.3 STREET ADDRESS	415 OLD HARBOR ROAD	
CITY-ST-ZIP	SHELBY TWP. MI		1.4 CITY-ST-ZIP	WEST PORT HARBOR, MA 02790	
TITLE	D	☐ DELETE	2.1 TITLE	V/D	☒ Change ☐ Addition
NAME	ARTHUR, BRYAN		2.2 NAME		
STREET ADDRESS	1004 PINE TREE LANE		2.3 STREET ADDRESS		
CITY-ST-ZIP	WINNETKA IL		2.4 CITY-ST-ZIP		
TITLE	DP	☒ DELETE	3.1 TITLE	T/D	☒ Change ☐ Addition
NAME	YOUNGS, GORDON		3.2 NAME	DeCRAENE, ROBERT	
STREET ADDRESS	29 SENTINEL ROAD		3.3 STREET ADDRESS	11690 BRADFORD PLACE	
CITY-ST-ZIP	WASHINGTON CROSSING PA		3.4 CITY-ST-ZIP	CARMEL, IN 46033	
TITLE	DS	☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME	NUNLEY, RICHARD		4.2 NAME		
STREET ADDRESS	3 FARMINGTON DRIVE		4.3 STREET ADDRESS		
CITY-ST-ZIP	CHARLOTTESVILLE VA		4.4 CITY-ST-ZIP		
TITLE	DT	☐ DELETE	5.1 TITLE	DP	☒ Change ☐ Addition
NAME	HOPWOOD, LOREN		5.2 NAME		
STREET ADDRESS	RR 2, BOX 40		5.3 STREET ADDRESS		
CITY-ST-ZIP	ATHENS IL		5.4 CITY-ST-ZIP		
TITLE	D	☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME	IGEL, DONALD		6.2 NAME		
STREET ADDRESS	9933 BROADMOOR RD.		6.3 STREET ADDRESS		
CITY-ST-ZIP	OMAHA NE		6.4 CITY-ST-ZIP		

CR2E037 (9/96)

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: LOREN E. HOPWOOD January 14, 1997 941-598-2438
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #