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Feb 26 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT
1998

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 33963

3. Date Incorporated or Qualified: 04/13/1982

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. Is this nonprofit corporation a homeowners association? ☐ Yes ☐ No

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. ☑ Yes ☐ No

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

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: WILLIAM SHAFER
82 Street Address (P.O. Box Number is Not Acceptable): 9653 GULFSHORE DR #402
83
84 City: NAPLES FL 85 Zip Code: 34108

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: William C. Shafer 2-17-98
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	D	☐ DELETE	1.1 TITLE		☐ Change ☐ Addition
NAME	LASH, HAROLD		1.2 NAME		
STREET ADDRESS	415 OLD HARBOR RD		1.3 STREET ADDRESS		
CITY-ST-ZIP	WEST PORT HARBOR MA		1.4 CITY-ST-ZIP		
TITLE	VD	☒ DELETE	2.1 TITLE	DS	☐ Change ☑ Addition
NAME	ARTHUR, BRYAN		2.2 NAME	WILLIAM SHAFER	
STREET ADDRESS	1004 PINE TREE LANE		2.3 STREET ADDRESS	9653 GULFSHORE DR #402	
CITY-ST-ZIP	WINNETKA IL		2.4 CITY-ST-ZIP	NAPLES, FL. 34108	
TITLE	TD	☐ DELETE	3.1 TITLE	TD	☑ Change ☐ Addition
NAME	DECRAENE, TOBERT		3.2 NAME	DECRAENE, ROBERT	
STREET ADDRESS	11690 BRADFORD PL		3.3 STREET ADDRESS	155 WILLOWGATE DR.	
CITY-ST-ZIP	CARMEL IN		3.4 CITY-ST-ZIP	INDIANAPOLIS, IND. 46260	
TITLE	DS	☐ DELETE	4.1 TITLE	D	☑ Change ☐ Addition
NAME	NUNLEY, RICHARD		4.2 NAME	NUNLEY	
STREET ADDRESS	3 FARMINGTON DRIVE		4.3 STREET ADDRESS		
CITY-ST-ZIP	CHARLOTTESVILLE VA		4.4 CITY-ST-ZIP		
TITLE	DP	☑ DELETE	5.1 TITLE	D	☐ Change ☑ Addition
NAME	HOPWOOD, LOREN		5.2 NAME	FRED BALDASSARI	
STREET ADDRESS	RR 2, BOX 40		5.3 STREET ADDRESS	2 CHIPPENHAM COURT	
CITY-ST-ZIP	ATHENS IL		5.4 CITY-ST-ZIP	ROCKY RIVER, OH. 44116	
TITLE	D	☐ DELETE	6.1 TITLE	DP	☑ Change ☐ Addition
NAME	IGEL, DONALD		6.2 NAME	IGEL	
STREET ADDRESS	9933 BROADMOOR RD.		6.3 STREET ADDRESS		
CITY-ST-ZIP	OMAHA NE		6.4 CITY-ST-ZIP		

CR2E037 (10/97)

14. I 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: William C. Shafer William C. SHAFER 2-16-98 941-994-9242