NONPROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

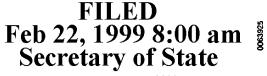
Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # 762853

1. Corporation Name

CASA GRANDE ON VANDERBILT BEACH CONDOMINIUM ASSO CIATION, INC.



02-22-1999 90148 022 ****61.25

Principal Place of Business Malling Address										
9653 GULF SHORE DR 9653 GULF SHORE D							1 10 11 12 13 14 15 16 17 17 17 17 17 17 17			
	NAPLES FL 33963 NAPLES FL 33963									
US							# IRMSII (Abia alita tiaat lalat assa tist al	#1 1 #1#11	EVENI BIGINES	611 81811 (80)
							•			
2 Principal P	lace of Business	2a. N	Aailing Address				3. Date incorporated or Qualifed			
 -	lace of Desirioss	26	naming / tool oob				04/13/1982			
Suite, Apt.	#. etc.		Suite, Apt. #, etc.				4. FEI Number		Ap	plied For
27							59-2275809		No	ot Applicable
City & Stat	e		City & State				5. Certificate of Status Desired			Additional
23		28					5. Certificate of Status Desired		Fee Re	equired
Zip	Country	Z	ip.	Cou	intry		6. Election Campaign Financing			May Be
24	25	29		30			Trust Fund Contribution			to Fees
	9. Name and Address of Current	t Registe	red Agent		ļ.,,		10. Name and Address of New Registe	ered A	gent	
					81	Name				
SHAFER, WILLIAM					82	Street Ad	ddress (P.O. Box Number is Not Acceptable)			
9653 GULFSHORE DR										
SUITE 402	2				83					
NAPLES F	FL 34108				84	City			85 Zip	Code
								FL		
office or r	to the provisions of Sections 617.0502 egistered agent, or both, in the State or im familiar with, and accept the obligat	of Florida	Such change was a	uthonzec	i bv	the corpora	orporation submits this statement for the purporation's board of directors. I hereby accept the a	appoint	ment as re	gistered
SIGNATURE										
40	Signature, typed or printed name of registered agent			Registered	Agen	it signature requ	uired when reinstating) DAT ADDITIONS/CHANGES TO OFFICER		DIRECTO	ORS IN 12
12. TITLE	OFFICERS ANI	DUIREC	DELETE	1.1 TI	TIE		ADDITIONS/OFFACES TO OFFICER		Change	Addition
NAME	D D		© 2555,5	1.2 N					_ ,	_
	Lash, Harold 415 Old Harbor RD					ADDRESS				
STREET ADDRESS	, ,,, , , , , , , , , , , , , , , , ,			- 6	TY-S					
CITY-ST-ZIP	WEST PORT HARBOR MA		□ DELETE	2.1 TI		1-2)F			☐ Change	Addition
NAME	SHAFER, WILLIAM		_	2.2 N						
STREET ADDRESS		no				ADDRESS				
CITY-ST-ZIP	NAPLES FL 34108				TY-S					
TITLE	TD		☐ DELETE	3.1 TI		<u> </u>	2		Change	Addition
NAME	DECRAENE, TOBERT			3.2 N	AME		DECRHENE, ROBERT	-		
STREET ADDRESS				3.3 S	TREET	ADDRESS				
CITY-ST-ZIP	INDIANAPOLIS IN 46260		_	3.4. C	:ITY-\$	T-ZIP				
TITLE	D		DELETE	4.1 TI	TLE				☐ Change	☐ Addition
NAME	NUNLEY, RICHARD			4. 2 N	AME					
STREET ADDRESS	3 FARMINGTON DRIVE			4.3 S	TREET	ADDRESS				
CITY-ST-ZIP	CHARLOTTESVILLE VA			4.4 C	ITY-S	T-ZIP				
TITLE	D		☐ DELETE	5.1 TI		1	D		☐ Change	Addition
NAME	BALDASSARI, FRED			5.2 N			DONALD COLASURD 085 CHAFFIN LIDG COLUMBUS, OH 430	۶.		
STREET ADDRESS						ADORESS	CALLINATINE COLL		/	
CITY-ST-ZIP	ROCKY RIVER OH 44116				ITY-S	T-ZIP	Co com 605, OH 43-	<u>ל / א</u>		
TITLE	DP		☐ DELETE	6.1 TI		-	•		Change	☐ Addition
NAME	IGEL, DONALD			6.2 N						
STREET ADDRESS	9933 BROADMOOR RD.					FADORESS				
				■ 04 C	TV C	T 710				

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 an attachment with an address, with all other like empowered.

SIGNATURE:

941.566-2729