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

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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.

Principal Place of Business	Mailing Address
9653 GULF SHORE DR NAPLES FL 33963 US	9653 GULF SHORE DR. NAPLES FL 33963

2. Principal Place of Business 21	2a. Mailing Address 26	3. Date Incorporated or Qualifed 04/13/1982
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	4. FEI Number 59-2275809 ☐ Applied For ☐ Not Applicable
City & State 23	City & State 28	5. Certifcate of Status Desired ☐ **$8.75** Additional Fee Required
Zip 24 Country 25	Zip 29 Country 30	6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

9. Name and Address of Current Registered Agent

SHAFER, WILLIAM
9653 GULFSHORE DR
SUITE 402
NAPLES FL 34108

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	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	DS	☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	SHAFER, WILLIAM		2.2 NAME		
STREET ADDRESS	9653 GULFSHORE DR SUITE 402		2.3 STREET ADDRESS		
CITY-ST-ZIP	NAPLES FL 34108		2.4 CITY-ST-ZIP		
TITLE	TD	☐ DELETE	3.1 TITLE		☑ Change ☐ Addition
NAME	DECRAENE, TOBERT		3.2 NAME	DECRAENE, ROBERT	
STREET ADDRESS	155 WILLOWGATE DR		3.3 STREET ADDRESS		
CITY-ST-ZIP	INDIANAPOLIS IN 46260		3.4 CITY-ST-ZIP		
TITLE	D	☑ 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	D	☐ DELETE	5.1 TITLE	D	☐ Change ☑ Addition
NAME	BALDASSARI, FRED		5.2 NAME	DONALD COLASURD	
STREET ADDRESS	2 CHIPPENHAM CT		5.3 STREET ADDRESS	685 CHAFFIN RIDGE	
CITY-ST-ZIP	ROCKY RIVER OH 44116		5.4 CITY-ST-ZIP	COLUMBUS, OH. 43214	
TITLE	DP	☐ 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 (11/98)

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, with all other like empowered.

SIGNATURE: SIGNATURE REQUIRED 1-8-99 941-566-2729
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #