2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 13, 2000 8:00 am
Secretary of State
04-13-2000 90100 033 ****61.25

DOCUMENT # 762853

1. Entity Name

CASA GRANDE ON VANDERBILT BEACH CONDOMINIUM ASSO

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

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

4. FEI Number 59-2275809 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
SHAFER, WILLIAM 9653 GULFSHORE DR SUITE 402 NAPLES FL 34108	Name DONALD A. IGEL Street Address (P.O. Box Number is Not Acceptable) ~~9933 BROADMOOR RD~~ 9653 GULFSHORE DR #302 City ~~OMAHA~~ NAPLES FL Zip Code 34108

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the state of Florida.

SIGNATURE Donald A Igel DONALD A. IGEL 4-6-00
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW: FEE IS $61.25	9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees	**Make Check Payable to Department of State**

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D LASH, HAROLD 415 OLD HARBOR RD WEST PORT HARBOR MA	☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PRESIDENT ROWE, HARRIS 6 BELAIRE CT. JACKSONVILLE, IL. 62650	☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DS SHAFER, WILLIAM 9653 GULFSHORE DR SUITE 402 NAPLES FL 34108	☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D FEDERICO, FRANK 6250 CAROLYN DR. MENTOR, OH. 44060	☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TDc DEARAENE, ROBERT 155 WILLOWGATE DR INDIANAPOLIS IN 46260	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D HAGAN, CARRY 8821 SOUTH 100th ST. OMAHA, NE. 68124	☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D COLASURD, DONALD 685 CHAFFIN EIDGE COLUMBUS OH 43214	☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	S MITSOS, SPIRO 6477 BELLE RIVE NEWBURG, IN. 47630	☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D BALDASSARI, FRED 2 CHIPPENHAM CT ROCKY RIVER OH 44116	☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DP IGEL, DONALD 9933 BROADMOOR RD. OMAHA NE	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

CR2E037 (9/99)

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Robert DeClaene 4/6/00 941-598-2968
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #