2005 NOT-FOR-PROFIT CORPORATION **ANNUAL REPORT (AR)** 

## Apr 20, 2005 8:00 am Secretary of State **DOCUMENT # 762853** 1. Entity Name 04-20-2005 90335 001 \*\*\*\*61.25 CASA GRANDE ON VANDERBILT BEACH CONDOMINIUM ASSOCIATION, INC. Mailing Address Principal Place of Business 9653 GULF SHORE DR NAPLES FL 34108 9653 GULF SHORE DR NAPLES FL 34108 ~ 4 ~ ~ U U U 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. CR2E037 (10/04) 1st MOORE Applied For 4. FEI Number City & State City & State 59-2275809 Not Applicable Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name IGEL, DONALD A Street Address (P.O. Box Number is Not Acceptable) 9653 GULFSHORE DR #302 NAPLES FL 34108 City Zip Code 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. I am familiar with, and accept the obligations of registered agent. SIGNATURE (NOTE Registered Agent signature required when reinstating) DATE Signature, typed or printed name of registered agent and title it applicable FILE NOW: FEE IS \$61.25 9. Election Campaign Financing Make Check Payable to **\$5.00** May Be Due By May 1, 2005 Trust Fund Contribution. Added to Fees Florida Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 OFFICERS AND DIRECTORS 10. S TITLE ☐ Change ☐ Addition TITLE ☐ Delete CORCELLI, FRANK NAME NAME 5386 HALLFORD CIRCLE STREET ADDRESS STREET ADDRESS LYNDHURST OH 44124 CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE Change Change Addition FEDERICO, FRANK NAME NAME 6250 CAROLYN DR STREET ADDRESS STREET ADDRESS MENTOR OH 44060 CITY-ST-ZIP CITY-ST-ZIP TD ☐ Change ☐ Addition ☐ Delete DECRAENE, ROBERT NAME 155 WILLOWGATE DR STREET ADDRESS STREET ADDRESS INDIANAPOLIS IN 46260 CITY-ST-7IP CITY-ST-ZIP BILL SHAFER 9653 GULESHORE De. NAPLES, FL. 34108 Delete ☐ Change Addition TITLE TITEE HAGAN, LARRY NAME NAME 2821 \$ 100TH ST STREET ADDRESS STREET ADDRESS **OMAHA NE 68124** CITY-ST-ZIP CITY-ST-7IP U.P. TITLE Delete DILE Change ☐ Addition MITSOS, SPIRO NAME NAME 6477 BELLE RIVE STREET ADDRESS STREET ADDRESS NEWBURGH IN 47630 CITY-ST-ZIP CITY-ST-ZIP DRESTDENT Change TITLE ☐ Addition DILE Delete IGEL, DONALD NAME NAME 9933 BROADMOOR RD. STREET ADDRESS STREET ADDRESS OMAHA NE CITY-ST-ZIP CITY-ST-ZIP

12. I hereby certify that the information supplied with this filling 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:

FEICER OR DIRECTOR

FILED