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PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # K58820

1. Corporation Name

VANDER	BILT BAY CONSTRUCTION,	INC.				
Principal Place	e of Business	Mailing Address			[(BBIRNI) OD) BIIST 1850 Idia (1852 DRIC ALBI) GIRLI RIDIY ALBIY ALAIY RIDIY	161
2340 J & C BL	VD.	2340 J & C BLVD.				
109 - 2001 NAPLES FL 30042 34109 - 2021 NAPLES FL 30042 34109			- 2021		DO NOT WRITE IN THIS SPACE	
U\$		us			3. Date Incorporated or Qualifed	
					01/18/1989	
2. Principal Pl	face of Business	2a. Mailing Address			4. FEI Number Applied For	
21		26			65-0103359 Not Applica	_
Suite, Apt. #, etc.		Suite, Apt. #, etc.			5. Certificate of Status Desired \$8.75 Additional Fee Required	
City & State		City & State			6. Election Campaign Financing \$5.00 May Be	ļ
23		28			Trust Fund Contribution Added to Fees	
Zip	Country	├	Country		8. This corporation owes the current year Intangible Personal Property Tax	
24	25	29 30			Personal Property Tax.	
	9. Name and Address of Current	Registered Agent	81	Name	10. Name and Address of New Registered Agent	$\overline{}$
RIIA	S, DANIEL J.					
	TRADE WINDS AVENUE		82	Street A	Address (P.O. Box Number is Not Acceptable)	- 1
	LES FL-88963 34108		83			\dashv
	220 / 2 00000 92(108					
			84	City	FL 85 Zip Code	
agent. I a SIGNATURE	m familiar with, and accept the obligat	t and title if applicable (NOTE Regi	Statutes	·•	oration's board of directors. I hereby accept the appointment as registered	
12.	OFFICERS ANI		13.		ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DP	☐ DELETE	1.1 TITLE		☐ Change Add	JIUON
NAME	BUHS, DANIEL J.		12 NAME	İ		
STREET ADDRESS	228 TRADE WINDS AVENUE		1.3 STREET ADDRESS		34108	
CITY-ST-ZIP	NAPLES FL	☐ DELETE	1.4 CITY-ST-ZIP 2.1 TITLE		☐ Change 🔀 Add	dition
TITLE	DULLO MADEN	-				
NAME	BUHS, KAREN	i i	2.2 NAME 2.3 STREET ADDRESS			- 1
STREET ADDRESS	228 TRADEWINDS AVENUE NAPLES FL				34108	ì
CITY-ST-ZIP TITLE	S		2.4 CITY-5 3.1 TITLE	51-211	☐ Change ★Ade	dition
NAME	WHITTEN, BEVERLY M	_	3.2 NAME		,	-
STREET ADDRESS	5545 L C C SILVO	ſ	3.3 STREET ADDRESS		·	1
CITY-ST-ZIP	NAPLES FL	i	3.4. CITY-9	ST-ZIP	34109-2021_	
TITLE		☐ DELETE 4.1			☐ Change ☐ Ado	cition
NAME		1	4. 2 NAME			
STREET ADDRESS			4.3 STREE	T ADDRESS		Ì
CITY-ST-ZIP			4.4 CITY-S	T-ZIP		
TITLE		☐ DELETE	5.1 TITLE		☐ Change ☐ Add	aition
NAME			5.2 NAME			
STREET ADDRESS		1		TADDRESS		
CITY-ST-ZIP		5.4 Cl		T-ZIP	Change Ad	dition
TITLE		☐ DELETE	6.1 TITLE		Change Add	GROIT
NAME	}	į	6.2 NAME	T +0000000		}
STREET ADDRESS			6 3 STREET ADDRESS			
CITY-ST-ZIP			6.4 CITY-S	ii-ZIP		

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 607, 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.