


**FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00**

CORPORATION ANNUAL REPORT 1995



FLORIDA DEPARTMENT OF STATE  
Sandra B. Morham  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED**  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

95 MAR 22 PM 3:41

DOCUMENT # **N04029** (7)

1. Corporation Name  
**VANDERBILT SURF COLONY, A CONDOMINIUM, SECTION I II, ASSOCIATION, INC.**

Principal Place of Business Mailing Address  
**17 BLUEBILL AVENUE NAPLES FL 33963**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified **07/05/1984** 3a. Date of Last Report **04/19/1994**

4. FEI Number **59-2495284** Applied For  Not Applicable

5. Certificate of Status Desired  \$8.75 Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution  \$5.00 May Be Added to Fees

7. Nonprofit with IRS 501(c)(3) Tax Exempt Status  \$68.75 Supplemental Fee Not Required

8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes  Yes  No

2. Principal Place of Business 2a. Mailing Address

21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.

22 City & State 27 City & State

23 Zip Country 28 Zip Country

24 25 29 30

9. Name and Address of Current Registered Agent

**CURRAN, WILLIAM A  
17 BLUEBILL AVE  
UNIT 505  
NAPLES FL 33963**

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

85 Zip Code **FL**

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE *William A. Curran* **WILLIAM A. CURRAN** **2-10-95**

Signature, typed or printed name of registered agent, and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS

TITLE	SD
NAME	STUDLEY, ROBERT
STREET ADDRESS	22 SEABREEZ LANE
CITY-ST-ZIP	YORK MA
TITLE	D
NAME	RITTERMEYER, RUTH
STREET ADDRESS	1260 LIMBERLOST TRAIL
CITY-ST-ZIP	ROME CITY IN
TITLE	V
NAME	YOUNG, VERNON
STREET ADDRESS	5383 MARINERS COVE DR. #409
CITY-ST-ZIP	MADISON WI
TITLE	TD
NAME	CRUST, J M
STREET ADDRESS	1374 AVONBRIDGE DR
CITY-ST-ZIP	MISSISSAUGA ON
TITLE	PD
NAME	CURRAN, WILLIAM
STREET ADDRESS	1750 TOPPING ROAD
CITY-ST-ZIP	ST. LOUIS MO
TITLE	D
NAME	CLARKE, TERENCE
STREET ADDRESS	111 SUMMER ST.
CITY-ST-ZIP	HINGHAM MA

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	SD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	Esposito, Russell	
1.3 STREET ADDRESS	11648 Windy Hill Court	
1.4 CITY-ST-ZIP	Leveland OH 45140	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.1 TITLE	D	
2.2 NAME	Frazier, Neil	
2.3 STREET ADDRESS	292 Hollister Way west	
2.4 CITY-ST-ZIP	Glastonbury CT 06033	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.1 TITLE	VD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	Knouff, Paul	
3.3 STREET ADDRESS	2140 Haverford Road	
3.4 CITY-ST-ZIP	Columbus OH 43220	
4.1 TITLE	TD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	Rhoades, Warren	
4.3 STREET ADDRESS	57 Longfellow Road	
4.4 CITY-ST-ZIP	Holyoke MA 01040	
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(b), 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, changed, or both, attachment with an address.

SIGNATURE: *William A. Curran* **WILLIAM A. CURRAN, Pres.** **2/10/95** **(813) 598-3377**

Signature and typed or printed name of signing officer or director DATE