

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 24, 2002 8:00 am**  
**Secretary of State**

03-24-2002 90009 006 \*\*\*\*61.25

**DOCUMENT # N31524**

1. Entity Name

**VANDERBILT LANDINGS CONDOMINIUM ASSOCIATION, INC**

Principal Place of Business

Mailing Address

1044 CASTELLO DR #206  
 NAPLES FL 34103  
 US

1044 CASTELLO DR #206  
 NAPLES FL 34103  
 US

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

65-0191455  
 65-0254602

Applied For

Not Applicable

5. Certificate of Status Desired

**\$8.75** Additional  
 Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**SOUTHWEST PROPERTY MANAGEMENT CORP**  
 1044 CASTELLO DR #206  
 NAPLES FL 34103

Name

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

City

**FL**

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.

SIGNATURE

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 PD  Delete  
 NAME MACARTHUR, EARL  
 STREET ADDRESS 11118 GULF SHORE DR #A101  
 CITY-ST-ZIP NAPLES FL

TITLE D  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE D  Delete  
 NAME TOMCZAK, JOHN  
 STREET ADDRESS 11116 GULF SHORE DR #803 B  
 CITY-ST-ZIP NAPLES FL 34108

TITLE PD  Change  Addition  
 NAME Mensch, John M  
 STREET ADDRESS 11118 Gulfshore Dr #A201  
 CITY-ST-ZIP Naples, FL

TITLE D  Delete  
 NAME ALAN, FOX  
 STREET ADDRESS 11116 GULF SHORE DR #701B  
 CITY-ST-ZIP NAPLES FL 34108

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE TDSD  Delete  
 NAME VENONSKY, JOHN  
 STREET ADDRESS 11116 GULF SHORE DR  
 CITY-ST-ZIP NAPLES FL

TITLE TD  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE VD  Delete  
 NAME PIRRO, ARMAND  
 STREET ADDRESS 11116 GULF SHORE DR. #904B  
 CITY-ST-ZIP NAPLES FL 34108

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE SD  Change  Addition  
 NAME Murphy, Robert  
 STREET ADDRESS 11116 Gulfshore Drive #B304  
 CITY-ST-ZIP Naples, FL

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:

**SIGNATURE REQUIRED**

*John Venonsky* 03/08/02

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/01)