

**2003 NOT-FOR-PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Apr 23, 2003 8:00 am**  
**Secretary of State**

04-23-2003 90297 036 \*\*\*\*61.25

**DOCUMENT # N31524**



1. Entity Name  
**VANDERBILT LANDINGS CONDOMINIUM ASSOCIATION, INC**

Principal Place of Business

**1044 CASTELLO DR #206  
NAPLES FL 34103  
US**

Mailing Address

**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

4. FEI Number **65-0191955**

Applied For

Not Applicable

Zip

Country

Zip

Country

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

**SOUTHWEST PROPERTY MANAGEMENT CORP  
1044 CASTELLO DR #208  
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. I am familiar with, and accept the obligations of registered agent.

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 Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	<b>D</b>	<input checked="" type="checkbox"/> Delete
NAME	<b>MACARTHUR, EARL</b>	
STREET ADDRESS	<b>11118 GULF SHORE DR #A101</b>	
CITY-ST-ZIP	<b>NAPLES FL</b>	
TITLE	<b>PD</b>	<input type="checkbox"/> Delete
NAME	<b>MENSCH, JOHN M</b>	
STREET ADDRESS	<b>11118 GULF SHORE DR., #A201</b>	
CITY-ST-ZIP	<b>NAPLES FL 34108</b>	
TITLE	<b>TD</b>	<input type="checkbox"/> Delete
NAME	<b>VENONSKY, JOHN</b>	
STREET ADDRESS	<b>11116 GULF SHORE DR</b>	
CITY-ST-ZIP	<b>NAPLES FL</b>	
TITLE	<b>VD</b>	<input checked="" type="checkbox"/> Delete
NAME	<b>PIRRO, ARMAND</b>	
STREET ADDRESS	<b>11116 GULF SHORE DR. #904B</b>	
CITY-ST-ZIP	<b>NAPLES FL 34108</b>	
TITLE	<b>SD</b>	<input type="checkbox"/> Delete
NAME	<b>MURPHY, ROBERT</b>	
STREET ADDRESS	<b>11116 GULF SHORE DR., #B304</b>	
CITY-ST-ZIP	<b>NAPLES FL</b>	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	<b>D</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>Bishop, Kenneth</b>	
STREET ADDRESS	<b>11118 Gulf Shore Dr. #402</b>	
CITY-ST-ZIP	<b>Naples, FL 34108</b>	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	<b>VD</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>Holeinger, Ira</b>	
STREET ADDRESS	<b>11118 Gulf Shore Dr. #604</b>	
CITY-ST-ZIP	<b>Naples, FL 34108</b>	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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 Mensch*

CR2E037 (10/02)