


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

FILED
Jan 31, 2003 8:00 am
Secretary of State

01-31-2003 90092 034 ****61.25

DOCUMENT # N42823

1. Entity Name
VANDERBILT LANDINGS BOAT DOCK CLUB, INC.



Principal Place of Business Mailing Address

**11116 GULF SHORE DR
UNIT #904B
NAPLES FL 34108
US**


**11116 GULF SHORE DR
UNIT #904B
NAPLES FL 34108
US**

2. Principal Place of Business 3. Mailing Address

Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

Zip Country Zip Country



CHECK HERE IF MAKING CHANGES

4. FEI Number **65-0254602** Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**PIRRO, ARMAND
11116 GULF SHORE DR
UNIT #904B
NAPLES FL 34108**

7. Name and Address of New Registered Agent

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 _____ (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

TITLE	STD	<input type="checkbox"/> Delete
NAME	PIRRO, ARMAND A	
STREET ADDRESS	11116 GULF SHORE DR. # 904B	
CITY-ST-ZIP	NAPLES FL 34108	
TITLE	PD	<input checked="" type="checkbox"/> Delete
NAME	MENISH, WILLIAM	
STREET ADDRESS	11116 GULF SHORE DRIVE 404B	
CITY-ST-ZIP	NAPLES FL 34108	
TITLE	VD	<input checked="" type="checkbox"/> Delete
NAME	MURPHY, ROBERT	
STREET ADDRESS	11116 GULF SHORE DRIVE 702B	
CITY-ST-ZIP	NAPLES FL 34108	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	THOMAS RUSSELL	
STREET ADDRESS	11116 GULF SHORE DRIVE 804-B	
CITY-ST-ZIP	NAPLES, FLORIDA 34108	
TITLE	VD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	VANDEBURG, CARL	
STREET ADDRESS	11116 GULF SHORE DR. 204B	
CITY-ST-ZIP	NAPLES, FLORIDA 34108	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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: *Armand Pirro* **SIGNATURE REQUIRED** 1-28-03 239 591 8663

CR2E037 (10/02)