

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N94000001568

FILED  
Apr 16, 2008  
Secretary of State

**Entity Name:** GULF BREEZE AT VANDERBILT CONDOMINIUM ASSOCIATION, INC.

**Current Principal Place of Business:**

1044 CASTELLO DRIVE  
SUITE 206  
NAPLES, FL 34103 US

**New Principal Place of Business:**

**Current Mailing Address:**

1044 CASTELLO DRIVE  
SUITE 206  
NAPLES, FL 34103 US

**New Mailing Address:**

**FEI Number:** 65-0478638

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

SOUTHWEST PROPERTY MANAGEMENT CORP.  
1044 CASTELLO DRIVE  
SUITE 206  
NAPLES, FL 34103 US

**Name and Address of New Registered Agent:**

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:

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: TD ( ) Delete  
Name: RIDLEY, BUSTER  
Address: 21 BLUEBILL AVE., #701B  
City-St-Zip: NAPLES, FL 34108

Title: VD ( ) Delete  
Name: GROH, AL  
Address: 25 BLUEBILL AVE., A-604  
City-St-Zip: NAPLES, FL 34108

Title: P ( ) Delete  
Name: FERRERO, SARAH  
Address: 21 BLUDBILL AVE., #B102  
City-St-Zip: NAPLES, FL 34108

Title: VP ( ) Delete  
Name: DETTORE, FRANK  
Address: 25 BLUEBILL AVE #1105  
City-St-Zip: NAPLES, FL 34108

Title: DS ( ) Delete  
Name: JOHNSON, GARY  
Address: 25 BLUEBILL AVE., #201A  
City-St-Zip: NAPLES, FL 34108

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: SARAH FERRERO

P

04/16/2008

Electronic Signature of Signing Officer or Director

Date