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03-30-1999 90021 008 ****61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N97000005490

1. Corporation Name

VANDERBILT BEACH AND BAY ASSOCIATION, INC.

Principal Place of Business

15 BLUEBILL AVE., UNIT 403
NAPLES FL 34108

Mailing Address

15 BLUEBILL AVE., UNIT 403
NAPLES FL 34108



2. Principal Place of Business

21

Suite, Apt., etc.

22

City & State

23

Zip

Country

24

25

2a. Mailing Address

26

Suite, Apt., etc.

27

City & State

28

Zip

Country

29

30

3. Date Incorporated or Qualified

09/19/1997

4. FEI Number

65-0757692

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

9. Name and Address of Current Registered Agent

BAKER, JINNIE H
15 BLUEBILL AVE., UNIT 403
NAPLES FL 34108

10. Name and Address of New Registered Agent

81 Name

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

83

84 City

FL

85

Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE

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 PD ☐ DELETE

NAME BAKER, JINNIE
STREET ADDRESS 15 BLUE BILL AVE, #403
CITY-ST-ZIP NAPLES FL 34108

TITLE VD ☒ DELETE

NAME STAMMERS, KAT
STREET ADDRESS 17 BLUE BILL AVE
CITY-ST-ZIP NAPLES FL 34108

TITLE D ☒ DELETE

NAME MARS, CALLISON
STREET ADDRESS GULFSIDE DR
CITY-ST-ZIP NAPLES FL 34108

TITLE SD ☒ DELETE

NAME WRIGHT, CAROL
STREET ADDRESS GULFSIDE DR
CITY-ST-ZIP NAPLES FL 34108

TITLE TD ☒ DELETE

NAME BAKER, ROGER
STREET ADDRESS 15 BLUE BILL AVE
CITY-ST-ZIP NAPLES FL 34108

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☒ Change ☐ Addition

2.2 NAME V D STAMMERS, KAY

2.3 STREET ADDRESS 17 BLUEBILL AVE

2.4 CITY-ST-ZIP NAPLES, FL 34108

3.1 TITLE ☒ Change ☐ Addition

3.2 NAME D CALLISON, MARJ

3.3 STREET ADDRESS 10351 GULF SHORE DR

3.4 CITY-ST-ZIP NAPLES, FL 34108

4.1 TITLE ☒ Change ☐ Addition

4.2 NAME SD WRIGHT, CAROL

4.3 STREET ADDRESS 9362 GULF SHORE DR

4.4 CITY-ST-ZIP NAPLES, FL 34108

5.1 TITLE ☒ Change ☐ Addition

5.2 NAME TD HUDSON, ROBERT

5.3 STREET ADDRESS 15 BLUEBILL AVE #605

5.4 CITY-ST-ZIP NAPLES, FL 34108

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

14. 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 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 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED

Robert C. Hudson 3/25/99 941 592 713

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #