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2001 UNIFORM BUSINESS REPORT (UBR)

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

Feb 15, 2001 8:00 am DOCUMENT # N9700005490 Secretary of State 1. Entity Name VANDERBILT BEACH AND BAY ASSOCIATION, INC. 02-15-2001 90001 022 ****61.25 Mailing Address Principal Place of Business 15 BLUEBILL AVE., UNIT 403 15 BLUEBILL AVE., UNIT 403 NAPLES FL 34108 NAPLES FL 34108 2. Principal Place of Business 3. Mailing Address 9.362 GULFSHORE DR. 9362 GULFSHOLE DE Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. 202 202 Applied For 4. FEI Number City & State City & State 65-0757692 NAPLES Not Applicable Country \$8.75 Additional 5. Certificate of Status Desired 7. Name and Address of New Registered Agent Name and Address of Current Registered Agent CARDL WRIGHT Address (P.O. Box Number is Not Acceptable 1936) Address (P.O. Box Number is Not Acceptable 1936) BAKER, JINNIE H 15 BLUEBILL AVE., UNIT 403 NAPLES FL 34108 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. (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing Make Check Payable to FILE NOW: \$5.00 May Be Trust Fund Contribution. Added to Fees Department of State FEE IS \$61.25 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 OFFICERS AND DIRECTORS 10. 11. PD Delete Change ☐ Addition TITLE TITLE CARDL WRIGHT BAKER, JINNIE NAME NAME 9362 GHLFSHORE DR. 15 BLUE BILL AVE. #403 STREET ADDRESS STREET ADDRESS NAPLES, FL. 34108 CITY-ST-ZIP CITY-ST-ZIP NAPLES FL 34108 VD ☐ Delete TITLE Change ☐ Addition TITLE STAMMERS, KAY NAME NAME *17-BLUE BILL AVE - ^ · STREET ADDRESS STREET ADDRESS CITY-ST-ZIP NAPLES FL 34108 CITY-ST-ZIP Delete TITLE Change ☐ Addition TITLE DIANE KETCHAM CALLISON, MARJ NAME NAME 778 WIGGINGS BAY DR. STREET ADDRESS 10851 GULF SHORE DR STREET ADDRESS NAPLES, FL. 34108 CITY-ST-ZIP CITY-ST-ZIP NAPLES FL 34108 SD TITLE Change ☐ Addition □ Delete TITLE WRIGHT, CAROL TOHN KLEIN NAME NAME 9362 GULF SHORE DR STREET ADDRESS 7 BLUEBILL AVE. NAPLES, PL.34108 STREET ADDRESS NAPLES FL 34108 CITY-ST-ZIP CITY-ST-7IP Change ☐ Addition Delete TIT! F TITLE SALLY MASTERS 9811 GULPSHORE DR. NAPLES, FL. 34108 HUDSON, ROBERT NAME NAME 15 BLUEBILL AVE #605 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP NAPLES FL 34108 Change TITLE ☐ Delete TITLE BUD MARTIN NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP 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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

COCAL DUCTOR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Date