
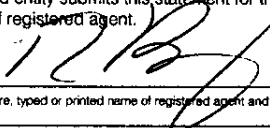



**2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**May 05, 2004 8:00 am**  
**Secretary of State**

05-05-2004 90198 011 \*\*\*\*61.25

<b>DOCUMENT # N97000005490</b>					
<b>1. Entity Name</b> VANDERBILT BEACH AND BAY ASSOCIATION, INC.					
<b>Principal Place of Business</b> 9362 GULFSHORE DRIVE 202 NAPLES, FL 34108			<b>Mailing Address</b> PO BOX 770823 NAPLES, FL 34107		
<b>2. Principal Place of Business</b>		<b>3. Mailing Address</b>			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		03162004 Chg-NP CR2E037 (10/03)	
Zip		Country		4. FEI Number 65-0757692	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
<b>6. Name and Address of Current Registered Agent</b>			<b>7. Name and Address of New Registered Agent</b>		
KETCHAM, DIANE F 10562 GULFSHORE DR. 401 NAPLES, FL 34108			Name DR. RICHARD BING		
			Street Address (P.O. Box Number is Not Acceptable) 10951 GULFSHORE DR.		
			City NAPLES, FL Zip Code 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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE 		(NOTE: Registered Agent signature required when reinstating)		DATE 3/26/04	
<b>Filing Fee is \$61.25 Due by May 1, 2004</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
<b>Make check payable to Florida Department of State</b>					
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>		
TITLE	VD <input type="checkbox"/> Delete	TITLE	PD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	BING, RICHARD	NAME			
STREET ADDRESS	10951 GULFSHORE DR	STREET ADDRESS			
CITY-ST-ZIP	NAPLES, FL 34108	CITY-ST-ZIP			
TITLE	PD <input checked="" type="checkbox"/> Delete	TITLE	SD <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
NAME	KETCHAM, DIANE	NAME	CAROL WRIGHT		
STREET ADDRESS	10562 GULFSHORE DR	STREET ADDRESS	9362 GULFSHORE DR.		
CITY-ST-ZIP	NAPLES, FL-34108	CITY-ST-ZIP	NAPLES, FL. 34108		
TITLE	D <input type="checkbox"/> Delete	TITLE	VD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	CONNOLLY, JOE	NAME			
STREET ADDRESS	10633 GULFSHORE DR	STREET ADDRESS			
CITY-ST-ZIP	NAPLES, FL 34108	CITY-ST-ZIP			
TITLE	SD <input checked="" type="checkbox"/> Delete	TITLE	TD <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
NAME	MARTIN, BUD	NAME	CHARLES FIELDS		
STREET ADDRESS	9790 GULFSHORE DR	STREET ADDRESS	10691 GULFSHORE DR.		
CITY-ST-ZIP	NAPLES, FL 34108	CITY-ST-ZIP	NAPLES, FL. 34108		
TITLE	D <input checked="" type="checkbox"/> Delete	TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
NAME	SWINEHART, SUZANNE	NAME	BILL ELINE		
STREET ADDRESS	282 BAYVIEW AVE	STREET ADDRESS	11030 GULFSHORE DR.		
CITY-ST-ZIP	NAPLES, FL 34108	CITY-ST-ZIP	NAPLES, FL. 34108		
TITLE	TD <input checked="" type="checkbox"/> Delete	TITLE			
NAME	MASTERS, SALLY	NAME			
STREET ADDRESS	9811 GULFSHORE DR.	STREET ADDRESS			
CITY-ST-ZIP	NAPLES, FL 34108	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: 		DATE: 3-26-04		DAYTIME PHONE #: 239-597-9523	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		DATE		DAYTIME PHONE #	