


**2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 14, 2005 8:00 am**  
**Secretary of State**

04-14-2005 90096 049 \*\*\*\*61.25

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<b>DOCUMENT # N97000005490</b> 1. Entity Name VANDERBILT BEACH AND BAY ASSOCIATION, INC.			
Principal Place of Business 9362 GULFSHORE DRIVE 202 NAPLES, FL 34108		Mailing Address PO BOX 770823 NAPLES, FL 34107	
2. Principal Place of Business Suite, Apt. #, etc. City & State Zip		3. Mailing Address 10851 GULF SHORE DR Suite, Apt. #, etc. MANAGERS OFFICE City & State NAPLES, FL Zip 34108 Country COLLIER	
		4. FEI Number 65-0757692 Applied For Not Applicable	
		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent BING, RICHARD 10951 GULFSHORE DR 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 _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>			
Filing Fee is \$61.25 Due by May 1, 2005		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
Make check payable to Florida Department of State			
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE PD NAME BING, RICHARD STREET ADDRESS 10951 GULFSHORE DR CITY-ST-ZIP NAPLES, FL 34108	<input type="checkbox"/> Delete	TITLE D NAME Bammel, Jackie STREET ADDRESS 9486 65D CITY-ST-ZIP NAPLES, FL 34108	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE PD NAME WRIGHT, CAROL STREET ADDRESS 9362 GULFSHORE DR CITY-ST-ZIP NAPLES, FL 34108	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE VD NAME CONNOLLY, JOE STREET ADDRESS 10633 GULFSHORE DR CITY-ST-ZIP NAPLES, FL 34108	<input type="checkbox"/> Delete	TITLE D NAME HARVEY, JUDY STREET ADDRESS 10851 65D CITY-ST-ZIP NAPLES, FL 34108	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE TD NAME FIELDS, CHARLES STREET ADDRESS 10691 GULFSHORE DR CITY-ST-ZIP NAPLES, FL 34108	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE D NAME ELINE, BILL STREET ADDRESS 11030 GULFSHORE DR CITY-ST-ZIP NAPLES, FL 34108	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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: <u>C.J. FIELDS</u>		Date: <u>4-6-05</u> Daytime Phone #: <u>239-598-5351</u>	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<small>Date Daytime Phone #</small>	