


**2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 24, 2006 8:00 am**  
**Secretary of State**

04-24-2006 90380 007 \*\*\*\*61.25

<b>DOCUMENT # N97000005490</b>							
1. Entity Name VANDERBILT BEACH AND BAY ASSOCIATION, INC.							
Principal Place of Business 9362 GULF SHORE DRIVE 202 NAPLES, FL 34108			Mailing Address 10851 GULF SHORE DR MANAGERS OFFICE NAPLES, FL 34108				
2. Principal Place of Business			3. Mailing Address				
Suite, Apt. #, etc.			Suite, Apt. #, etc.				
City & State			City & State				
Zip		Country	Zip		Country		
4. FEI Number 65-0757692				Applied For <input type="checkbox"/> Not Applicable			
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required			
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent				
BING, RICHARD 10951 GULF SHORE DR NAPLES, FL 34108			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 _____							
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)							
Filing Fee is \$61.25 Due by May 1, 2006		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	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition		
NAME	BING, RICHARD		NAME				
STREET ADDRESS	10951 GULF SHORE DR		STREET ADDRESS				
CITY-ST-ZIP	NAPLES, FL 34108		CITY-ST-ZIP				
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition		
NAME	WRIGHT, CAROL		NAME				
STREET ADDRESS	9382 GULF SHORE DR		STREET ADDRESS				
CITY-ST-ZIP	NAPLES, FL 34108		CITY-ST-ZIP				
TITLE	VD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition		
NAME	CONNOLLY, JOE		NAME				
STREET ADDRESS	10633 GULF SHORE DR		STREET ADDRESS				
CITY-ST-ZIP	NAPLES, FL 34108		CITY-ST-ZIP				
TITLE	TD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition		
NAME	FIELDS, CHARLES		NAME				
STREET ADDRESS	10691 GULF SHORE DR		STREET ADDRESS				
CITY-ST-ZIP	NAPLES, FL 34108		CITY-ST-ZIP				
TITLE	SD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition		
NAME	ELINE, BILL		NAME				
STREET ADDRESS	11030 GULF SHORE DR		STREET ADDRESS				
CITY-ST-ZIP	NAPLES, FL 34108		CITY-ST-ZIP				
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition		
NAME	BAMMEL, JACKIE		NAME				
STREET ADDRESS	9486 6 SD		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 exemptions contained 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 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: <i>C.J. Fields</i>		C.J. FIELDS		4/17/06			
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date		Daytime Phone #			
				239-598-5351			