

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N97000005490

FILED
Apr 23, 2008
Secretary of State

Entity Name: VANDERBILT BEACH RESIDENTS ASSOCIATION, INC.

Current Principal Place of Business:

336 OAK AVE
NAPLES, FL 34108

New Principal Place of Business:

Current Mailing Address:

PO BOX 771330
NAPLES, FL 34107

New Mailing Address:

FEI Number: 65-0757692

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

FARMER, AARON A P.L.
720 FIFTH AVENUE SOUTH
SUITE 211
NAPLES, FL 34102 US

Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: DP () Delete
Name: BOYER, B.J. SAVARD
Address: 479 PALM COURT
City-St-Zip: NAPLES, FL 34108

Title: DV () Delete
Name: SCHMIDT, LEW
Address: 405 PINE AVENUE
City-St-Zip: NAPLES, FL 34108

Title: DT () Delete
Name: STIEFEL, SUSAN
Address: 336 OAK AVENUE
City-St-Zip: NAPLES, FL 34108

Title: DV () Delete
Name: WRIGHT, CAROL
Address: 9375 GULF SHORE DRIVE
City-St-Zip: NAPLES, FL 34108

Title: D () Delete
Name: BIANCO, JOE
Address: 15 BLUEBILL AVENUE
City-St-Zip: NAPLES, FL 34108

Title: DS () Delete
Name: ROBBINS, KATHLEEN
Address: 10525 GULF SHORE DRIVE
City-St-Zip: NAPLES, FL 34108

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DP (X) Change () Addition
Name: ELINE, BILL
Address: 11030 GULF SHORE DRIVE
City-St-Zip: NAPLES, FL 34108

Title: DV (X) Change () Addition
Name: CONNOLLY, JOE
Address: 10633 GULF SHORE DR
City-St-Zip: NAPLES, FL 34108

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: SUSAN STIEFEL

DT

04/23/2008

Electronic Signature of Signing Officer or Director

Date