

**2003 NOT-FOR-PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Feb 27, 2003 8:00 am
Secretary of State

02-27-2003 90163 028 ****61.25

DOCUMENT # N97000005490

1. Entity Name

VANDERBILT BEACH AND BAY ASSOCIATION, INC.



Principal Place of Business

**9362 GULFSHORE DRIVE
202
NAPLES FL 34108**

Mailing Address

**9362 GULFSHORE DRIVE
202
NAPLES FL 34108**

2. Principal Place of Business

3. Mailing Address

P.O. Box 770823

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Naples Florida

Zip

Country

Zip

Country

34107

USA

4. FEI Number **65-0757692**

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

CHECK HERE IF MAKING CHANGES



6. Name and Address of Current Registered Agent

**WRIGHT, CAROL
9362 GULFSHORE DRIVE
APT 202
NAPLES FL 34108**

7. Name and Address of New Registered Agent

Name **KETCHAM, DIANE E**
Street Address (P.O. Box Number is Not Acceptable) **10562 Gulfshore DR, Apt 401**
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 *Diane E Ketcham* *Diane E Ketcham* *2/19/03*
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing Trust Fund Contribution.

\$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	D	<input type="checkbox"/> Delete
NAME	BING, RICHARD	
STREET ADDRESS	10951 GULFSHORE DR	
CITY-ST-ZIP	NAPLES FL 34108	
TITLE	VD	<input type="checkbox"/> Delete
NAME	KETCHAM, DIANE	
STREET ADDRESS	10562 GULFSHORE DR	
CITY-ST-ZIP	NAPLES FL 34108	
TITLE	D	<input type="checkbox"/> Delete
NAME	CONNOLLY, JOE	
STREET ADDRESS	10633 GULFSHORE DR	
CITY-ST-ZIP	NAPLES FL 34108	
TITLE	SD	<input type="checkbox"/> Delete
NAME	MARTIN, BUD	
STREET ADDRESS	9790 GULFSHORE DR	
CITY-ST-ZIP	NAPLES FL 34108	
TITLE	D	<input type="checkbox"/> Delete
NAME	SWINEHART, SUZANNE	
STREET ADDRESS	282 BAYVIEW AVE	
CITY-ST-ZIP	NAPLES FL 34108	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	NIXON, JEANNE	
STREET ADDRESS	1 BLUEBALL AVE	
CITY-ST-ZIP	NAPLES FL 34108	

TITLE	VD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BING, RICHARD	
STREET ADDRESS	10951 Gulfshore DR	
CITY-ST-ZIP	NAPLES, FL. 34108	
TITLE	VD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KETCHAM, DIANE	
STREET ADDRESS	10562 Gulfshore DR	
CITY-ST-ZIP	NAPLES, FL. 34108	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	TD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MASTERS, SALLY	
STREET ADDRESS	9811 Gulfshore DR	
CITY-ST-ZIP	NAPLES, FL. 34108	

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: *Carol Wright* *CAROL WRIGHT* *2-17-03 239-597-953*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E037 (10/02)

Attachment

Please Add:

D
Carol Wright
9362 Gulfshore Dr.
Naples, Fl. 34108

N97000005490

80042222