

**2015 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N42823

**FILED**  
**Jan 08, 2015**  
**Secretary of State**  
**CC5492243989**

**Entity Name:** VANDERBILT LANDINGS BOAT DOCK CLUB, INC.

**Current Principal Place of Business:**

VANDERBILT LANDINGSBOAT DOCK CLUB,INC. C/O MIKE NORMAN  
10851 GULFSHORE DRIVE #1601  
NAPLES, FL 34108

**Current Mailing Address:**

VANDERBILT LANDINGSBOAT DOCK CLUB,INC. C/O MIKE NORMAN  
10851 GULFSHORE DRIVE #1601  
NAPLES, FL 34108 US

**FEI Number:** 65-0254602

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

NORMAN, MIKE  
VANDERBILT LANDINGSBOAT DOCK CLUB,INC. C/O MIKE NORMAN  
10851 GULFSHORE DRIVE #1601  
NAPLES, FL 34108 US

*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:** MIKE NORMAN

01/08/2015

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title            PRESIDENT AND  
                  SECRETARY/TREASURER, DIRECTOR  
Name            NORMAN, MIKE D  
Address        VANDERBILT LANDINGSBOAT DOCK  
                  CLUB,INC. C/O MIKE NORMAN  
                  10851 GULFSHORE DRIVE #1601  
City-State-Zip: NAPLES FL 34108

Title            DIRECTOR  
Name            PIRRO, ARMAND A  
Address        11116 GULFSHORE DRIVE  
                  904B  
City-State-Zip: NAPLES FL 34108

Title            VP, DIRECTOR  
Name            THOMAS, RUSSELL  
Address        11116 GULFSHORE DRIVE  
                  804B  
City-State-Zip: NAPLES FL 34108

Title            DIRECTOR  
Name            ALVENIUS, CARL  
Address        11116 GULFSHORE DRIVE  
                  204B  
City-State-Zip: NAPLES FL 34108

*I hereby 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 all other like empowered.*

**SIGNATURE:** MIKE NORMAN

**PRESIDENT AND  
SECRETARY/TREASURER**

01/08/2015

Electronic Signature of Signing Officer/Director Detail

Date