

**2024 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N42823

**FILED**  
**Feb 07, 2024**  
**Secretary of State**  
**7009453390CC**

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

**Current Principal Place of Business:**

VANDERBILT LANDINGSBOAT DOCK CLUB,INC. C/O MIKE NORMAN  
11118 GULFSHORE DRIVE  
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

02/07/2024

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 HICKEY, MIKE  
Address 11118 GULFSHORE DRIVE 502A  
City-State-Zip: NAPLES FL 34108

Title VP & DIRECTOR  
Name BURKE, THOMAS  
Address 11116 GULF SHORE DRIVE #404B  
City-State-Zip: NAPLES FL 34108

Title DIRECTOR  
Name MCNAMARA, KING  
Address 11118 GULF SHORE DRIVE  
City-State-Zip: NAPLES FL 34108

Title DIRECTOR  
Name BERMAN, BEVERLY  
Address 11116 GULF SHORE DRIVE 604B  
City-State-Zip: NAPLES FL 34108

Title DIRECTOR  
Name CONNORS, BRIAN  
Address 11118 GULF SHORE DRIVE #603A  
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/SECRETARY/** 02/07/2024  
**TREASURER**

Electronic Signature of Signing Officer/Director Detail

Date