

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1995.
AMOUNT DUE ON OR BEFORE 8/9/94: \$150 (IF DISAPPEARED, MINIMUM AMOUNT DUE TO REINSTATE: \$200)

**NONPROFIT
CORPORATION
ANNUAL REPORT
1995**



FLORIDA DEPARTMENT OF STATE
Sandra B. Morham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N02859 (9)

1. Corporation Name

VANDERBILT PALMS CONDOMINIUM OWNERS ASSOCIATION, INC.

Principal Place of Business

Mailing Address

260 COMMERCE STREET
P.O. BOX 7549
NAPLES FL 33941

853 VANDERBILT BCH. RD.
SUITE 250
NAPLES FL 33963
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

05/02/1984

3a. Date of Last Report

03/18/1994

4. FBI Number

59-2544076

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

☐

\$5.00 May Be
Added to Fees

7. Nonprofit with IRS 501(c)(3)
Tax Exempt Status

☐

**FILING FEE IS
\$61.25**

8. This corporation has liability for intangible tax under s. 190.032,
Florida Statutes ☐ Yes ☒ No

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

23 City & State

27 City & State

24 Zip

25 Country

28 Zip

30 Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

KILPATRICK, R.E.
16850 ISLAND PARK RD., #103
FT. MYERS FL 33908

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PD
NAME LYDON, RICHARD E.
STREET ADDRESS 450 TRADEWINDS AVE.
CITY-ST-ZIP NAPLES FL

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

☐ Change ☐ Addition

TITLE VD
NAME HUNT, STEPHEN K.
STREET ADDRESS 1550 MUREX DRIVE
CITY-ST-ZIP NAPLES FL

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

☐ Change ☐ Addition

TITLE TD
NAME JOHNSON, ALAN G.
STREET ADDRESS 595 SPINNAKER DRIVE
CITY-ST-ZIP MARCO ISLAND FL

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

☐ Change ☐ Addition

TITLE S
NAME KILPATRICK, R.E.
STREET ADDRESS 16850 ISLAND PK RD #103
CITY-ST-ZIP FT. MYERS FL

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

☐ Change ☐ Addition

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

R.E. Kilpatrick R.E. Kilpatrick
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7-2-91
Date

(813) 992-6076
Daytime Phone #