FILE NOW: FILING FEE IS $61.25

NONPROFIT CORPORATION ANNUAL REPORT **1996**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
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

3. Date Incorporated or Qualified: 05/02/1984
3a. Date of Last Report: 07/10/1995

2. Principal Place of Business
21 260 Southbay Drive
22 Suite, Apt. #, etc.
23 City & State: Naples,FL
24 Zip: 33963
25 Country: US

2a. Mailing Address
26 4628 Tamiami Trail E.
27 Suite, Apt. #, etc.
28 City & State: Naples, FL
29 Zip: 33962
30 Country: US

4. FEI 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

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

KILPATRICK, R.E.
16650 ISLAND PARK RD., #103
FT. MYERS FL 33908

10. Name and Address of New Registered Agent

81 Name: Grant Robbins
82 Street Address (P.O. Box Number is Not Acceptable): 853 Vanderbilt Bch. Rd
83 Suite 263
84 City: Naples FL 85 Zip Code: 33963

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: Grant Robbins (Assoc. Mgr.) 3-1-96
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 / NAME / STREET ADDRESS / CITY-ST-ZIP	PD LYDON, RICHARD E. 450 TRADEWINDS AVE. NAPLES FL	☐ DELETE	1.1 TITLE / 1.2 NAME / 1.3 STREET ADDRESS / 1.4 CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VD HUNT, STEPHEN K. 1550 MUREX DRIVE NAPLES FL	☒ DELETE	2.1 TITLE / 2.2 NAME / 2.3 STREET ADDRESS / 2.4 CITY-ST-ZIP	TD Joe Vogel 28631 Clinton Ln Bonita Springs, FL 33923	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TD JOHNSON, ALAN G. 595 SPINNAKER DRIVE MARCO ISLAND FL	☒ DELETE	3.1 TITLE / 3.2 NAME / 3.3 STREET ADDRESS / 3.4 CITY-ST-ZIP	SD Jean Lydon 450 Tradewinds Ave Naples, FL 33963	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	S KILPATRICK, R.E. 16650 ISLAND PK RD #103 FT. MYERS FL	☐ DELETE	4.1 TITLE / 4.2 NAME / 4.3 STREET ADDRESS / 4.4 CITY-ST-ZIP	D Raymond Leonard 10 Rose Hill Woodstock,VT 05091	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	5.1 TITLE / 5.2 NAME / 5.3 STREET ADDRESS / 5.4 CITY-ST-ZIP	D Roy Simmons 13125 W. Park AV New Berlin, WI 53151	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	6.1 TITLE / 6.2 NAME / 6.3 STREET ADDRESS / 6.4 CITY-ST-ZIP		☐ Change ☐ Addition

CR2E037 (12/95)

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: Richard Lydon Richard Lydon 941-597-2746
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #