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May 09 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N02859** (9)

1. Corporation Name

VANDERBILT PALMS CONDOMINIUM OWNERS ASSOCIATION, INC.

Principal Place of Business

**260 COMMERCE STREET
NAPLES FL 33941
US**

Mailing Address

**4628 TAMiami TRAIL E.
NAPLES FL 34112-6726
US**



2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

25 Country

2a. Mailing Address

26 **9060 Gulf Shore Dr.**

27 Suite, Apt. #, etc.

28 **Naples, FL**

29 Zip **34108**

30 **Collier**

3. Date Incorporated or Qualified
05/02/1984

3a. Date of Last Report
03/26/1996

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

**ROBBINS, GRANT
853 VANDERBILT BEACH ROAD
SUITE 263
NAPLES FL 33963**

10. Name and Address of New Registered Agent

81 Name

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

83

84 City

FL **85** Zip Code
34108

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.

Grant Robbins (Association Mgr.)

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

TITLE	PD	☒ DELETE
NAME	LYDON, RICHARD E.	
STREET ADDRESS	450 TRADEWINDS AVE.	
CITY-ST-ZIP	NAPLES FL	
TITLE	TD	☒ DELETE
NAME	VOGEL, JOE	
STREET ADDRESS	28631 CLINTON LNE	
CITY-ST-ZIP	BONITA SPRINGS FL	
TITLE	SD	☒ DELETE
NAME	LYDON, JEAN	
STREET ADDRESS	450 TRADEWINDS AVENUE	
CITY-ST-ZIP	NAPLES FL	
TITLE	S	☒ DELETE
NAME	KILPATRICK, R.E.	
STREET ADDRESS	16650 ISLAND PK RD #103	
CITY-ST-ZIP	FT. MYERS FL	
TITLE	D	☒ DELETE
NAME	LEONARD, RAYMOND	
STREET ADDRESS	10 ROSE HILL	
CITY-ST-ZIP	WOODSTOCK VT	
TITLE	D	☐ DELETE
NAME	SIMMONS, ROY	
STREET ADDRESS	13125 W. PARK AVENUE	
CITY-ST-ZIP	NEW BERLIN WI	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	☐ Change ☒ Addition
1.2 NAME	VP Allan Johnson
1.3 STREET ADDRESS	595 Spinaker Dr.
1.4 CITY-ST-ZIP	Marco Island, FL 34145
2.1 TITLE	☐ Change ☒ Addition
2.2 NAME	SD Dan Saccoccio
2.3 STREET ADDRESS	#3 Ocean St.
2.4 CITY-ST-ZIP	N. Quicy, MA 02171
3.1 TITLE	☐ Change ☒ Addition
3.2 NAME	TD Larry McGrath
3.3 STREET ADDRESS	3712 A Foxborough Terrace
3.4 CITY-ST-ZIP	Cedar Rapids, IA 52402
4.1 TITLE	☐ Change ☒ Addition
4.2 NAME	D Fred Ginniman
4.3 STREET ADDRESS	21 4th Street
4.4 CITY-ST-ZIP	Bonita Springs, FL 34134
5.1 TITLE	☐ Change ☐ Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	☒ Change ☐ Addition
6.2 NAME	PD
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. I do 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 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:

Signature Required
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/24/97

414-738-2844

CR2E037 (9/96)