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NONPROFIT CORPORATION ANNUAL REPORT
1999

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **N02859**

1. Corporation Name

VANDERBILT PALMS CONDOMINIUM OWNERS ASSOCIATION, INC.

Principal Place of Business	Mailing Address
260 COMMERCE STREET NAPLES FL 33941 US	9060 GULF SHORE DR NAPLES FL 34108 US c/o Condominium Mgt. Inc

2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualifed
21	26 4628 Tamiami Trail E.	05/02/1984
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	4. FEI Number 59-2544076 ☐ Applied For ☐ Not Applicable
City & State 23	City & State 28 NAPLES, FL	5. Certifcate of Status Desired ☐ **$8.75** Additional Fee Required
Zip 24 Country 25	Zip 29 34112 Country 30 US	6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
ROBBINS, GRANT 853 VANDERBILT BEACH ROAD SUITE 263 NAPLES FL 34108	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 Grant Robbins GRANT ROBBINS 1/26/99
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	VD	☒ DELETE	1.1 TITLE	VP	☐ Change ☒ Addition
NAME	JOHNSON, ALLAN		1.2 NAME	FRANK BLANCO	
STREET ADDRESS	595 SPINAKER DR		1.3 STREET ADDRESS	6944 RAIN LILY RD. #101	
CITY-ST-ZIP	MARCO ISLAND FL		1.4 CITY-ST-ZIP	NAPLES, FL 34109	
TITLE	SD	☐ DELETE	2.1 TITLE	D	☒ Change ☐ Addition
NAME	SACCOCCIO, DAN		2.2 NAME		
STREET ADDRESS	#3 OCEAN ST		2.3 STREET ADDRESS		
CITY-ST-ZIP	N QUICY MA		2.4 CITY-ST-ZIP		
TITLE	TD	☒ DELETE	3.1 TITLE	SD	☐ Change ☒ Addition
NAME	MCGRATH, LARRY		3.2 NAME	RAY LEONARD	
STREET ADDRESS	3712 A FOXBOROUGH TERRACE		3.3 STREET ADDRESS	10 ROSE HILL	
CITY-ST-ZIP	CEDAR RAPIDS IA		3.4 CITY-ST-ZIP	WOODSTOCK, VT 05091	
TITLE	D	☒ DELETE	4.1 TITLE	TD	☐ Change ☒ Addition
NAME	GINNIMAN, FRED		4.2 NAME	DON SARNOWSKI	
STREET ADDRESS	21 4TH STREET		4.3 STREET ADDRESS	1066 W. 120TH STREET	
CITY-ST-ZIP	BONITA SPRINGS FL		4.4 CITY-ST-ZIP	WAUWATOSA, WI 53226	
TITLE	PD	☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME	SIMMONS, ROY		5.2 NAME		
STREET ADDRESS	13125 W. PARK AVENUE		5.3 STREET ADDRESS		
CITY-ST-ZIP	NEW BERLIN WI		5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

CR2E037 (11/98)

14. I 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, with all other like empowered.

SIGNATURE: SIGNATURE REQUIRED Roy Simmons 1/26/99 (414) 786-2244
SIGNATURE AND TITLE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #