2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 20, 2000 8:00 am
Secretary of State
04-20-2000 90090 049 ****61.25

DOCUMENT # N02859

1. Entity Name

VANDERBILT PALMS CONDOMINIUM OWNERS ASSOCIATION,

Principal Place of Business	Mailing Address
~~260 COMMERCE STREET~~ NAPLES FL 33941 US	~~C/O CONDOMINIUM MGRS~~ 4628 TAMIAMI TRAIL E NAPLES FL 34112-6726 US

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
260 SOUTHBAY DRIVE Suite, Apt. #, etc.	853 VANDERBILT BEACH RD #263 Suite, Apt. #, etc. #263
City & State	City & State NAPLES, FL
Zip 34108 Country	Zip 34108 Country COLLIER

4. FEI Number 59-2544076 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
ROBBINS, GRANT 853 VANDERBILT BEACH ROAD SUITE 263 NAPLES FL 34108	Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code

8. 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 GRANT ROBBINS — Grant Robbins — 4/13/2000
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW: FEE IS $61.25	9. Election Campaign Financing Trust Fund Contribution. ☐ $5.00 May Be Added to Fees	Make Check Payable to Department of State

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VD BLANCO, FRANK 6894 RAIN LILY RD #101 NAPLES FL 34109	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D SACCOCCIO, DAN #3 OCEAN ST. N QUICY MA	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☒ Addition FRANCISCA VARELA 260 SOUTHBAY DRIVE NAPLES, FL 34108 D
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TD LEONARD, RAY 10 ROSE HILL WOODSTOCK VT 05091	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TD SARNOWSKI, DON 1066 W 120TH ST WAUWATOSA WI 53226	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DST ☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD SIMMONS, ROY 13125 W. PARK AVENUE NEW BERLIN WI	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition

CR2E037 (9/99)

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: SIGNATURE REQUIRED — 4-14-00 — 262-782-9370
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #