FILED

## 2002 UNIFORM BUSINESS REPORT (UBR)

## Apr 29, 2002 8:00 am Secretary of State **DOCUMENT # N02859** 1. Entity Name VANDERBILT PALMS CONDOMINIUM OWNERS ASSOCIATION. 04-29-2002 90029 047 \*\*\*\*61.25 Principal Place of Business Mailing Address C/O CONDOMINUIM MGRS 260 SOUTHBAY DRIVE NAPLES: FL;34108 853 VANDERBILT BRANCH #263 NAPLES FL 34108 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 59-2544076 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required -6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) ROBBINS, GRANT 853 VANDERBILT BEACH ROAD SUITE 263 City NAPLES FL 34108 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 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE 9. Election Campaign Financing Make Check Payable to \$5.00 May Be FILE NOW: FEE IS \$61.25 Trust Fund Contribution. П Added to Fees **Department of State** 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 11. TITLE ☐ Delete TITLE ■ Addition DР VAALA, FRANCESCA NAME NAME STREET ADDRESS 2699 WINDSOR BAY STREET ADDRESS CITY-ST-ZIP SAINT PAUL MN 55125 CITY-ST-ZIP TITLE Delete TITLE ☐ Change ☐ Addition SACCOCCIO, DAN NAME NAME STREET ADDRESS #3 OCEAN ST STREET ADDRESS CITY-ST-ZIP CITY ST ZIP N QUICY MA Delete TITLE TITLE Addition ☐ Change LEONARD, RAY NAME NAME STREET ADDRESS 10 ROSE HILL STREET ADDRESS CITY-ST-ZIP WOODSTOCK VT 05091 CITY-ST-ZIP DVP TITLE ☐ Delete TITLE ☐ Change ☐ Addition SARNOWSKI, DON NAME NAME STREET ADDRESS 1066 W 120TH ST STREET ADDRESS CITY-ST-ZIP WAUWATOSA WI 53226 CITY-ST-ZIP PD Change ☐ Addition TITLE ☐ Delete TITLE DST SIMMONS, ROY NAME NAME STREET ADDRESS 13125 W. PARK AVENUE STREET ADDRESS CITY-ST-ZIP NEW BERLIN WI CITY-ST-ZIP TITLE Delete TITLE ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 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 in the corporation of the corporation of 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 in the corporation of the corporat

SIGNATURE: TANCESCA J. VAALA 4 1002 463