

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 26, 2004 8:00 am
Secretary of State

04-26-2004 90457 027 ****61.25

DOCUMENT # N02859 1. Entity Name VANDERBILT PALMS CONDOMINIUM OWNERS ASSOCIATION, INC.					
Principal Place of Business 260 SOUTHBAY DRIVE NAPLES, FL 34108 US			Mailing Address C/O CONDOMINIUM MGRS 853 VANDERBILT BRANCH #263 NAPLES, FL 34108 US		
2. Principal Place of Business Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.		
City & State Zip Country			City & State Zip Country		
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 ROBBINS, GRANT 853 VANDERBILT BEACH ROAD SUITE 263 NAPLES, FL 34108			7. Name and Address of New Registered Agent 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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ Signature, typed or printed name of registered agent and the if applicable. (NOTE: Registered Agent signature required when reinstating) DATE					
Filing Fee is \$61.25 Due by May 1, 2004		9. Election Campaign Financing Trust Fund Contribution. ☐		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DST VAALA, FRANCESCA 2699 WINDSOR BAY SAINT PAUL, MN 55125 ☐ 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	D FRANK BLANCO 6894 RAIN LILY RD #101 NAPLES, FL 34109 ☐ Change ☒ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVP SARNOWSKI, DON 1066 W 120TH ST WAUWATOSA, WI 53226 ☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP SIMMONS, ROY 13125 W. PARK AVENUE NEW BERLIN, WI ☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ☒ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D KAZMERCZAK, LARRY 871 CHERI LANE SAINT PAUL, MN 55120 ☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP ☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
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: <u>Roy Simmons</u> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date: <u>4/22/04</u> Daytime Phone #: <u>(414) 778-2244</u>		