2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 04, 2005 8:00 am
Secretary of State
05-04-2005 90132 033 ****61.25

DOCUMENT # N02859

1. Entity Name
VANDERBILT PALMS CONDOMINIUM OWNERS ASSOCIATION, INC.

Principal Place of Business	Mailing Address
260 SOUTHBAY DRIVE NAPLES, FL 34108 US	C/O CONDOMINIUM MGRS 853 VANDERBILT BRANCH #263 NAPLES, FL 34108 US

02212005 Chg-NP CR2E037 (10/03)

2. Principal Place of Business	3. Mailing Address
	PO Box 7622
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State: NAPLES, FL
Zip / Country	Zip: 34101-7622 / 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	7. Name and Address of New Registered Agent
ROBBINS, GRANT 853 VANDERBILT BEACH ROAD SUITE 263 NAPLES, FL 34108	Name: GLEB M McFATTER Street Address (P.O. Box Number is Not Acceptable): GLEB M McFATTER, P.A. 3150 SAFE HARBOR DRIVE City: NAPLES FL Zip Code: 34117

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Filing Fee is $61.25
Due by May 1, 2005

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	DVP	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D 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	DVP 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	D 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	DP KAZMERCZAK, LARRY 871 CHERI LANE SAINT PAUL, MN 55120	☐ 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

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: _____ 4/10/05 (239)248-9638
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #