2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 08, 2008 08:00 AM
Secretary of State

DOCUMENT # N02859

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

Principal Place of Business	Mailing Address
260 SOUTHBAY DRIVE NAPLES, FL 34108 US	P O BOX 7622 NAPLES, FL 34101-7622 US

04292008 No Chg-NP CR2E037 (4/06)

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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

MCFATTER, GLEB M
3150 SAFE HARBOR DRIVE
NAPLES, FL 34117

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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, 2008

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

U00000950489
06/03/08-80069-021 61.25

10. OFFICERS AND DIRECTORS

TITLE	DP
NAME	SMITH, JOHN
STREET ADDRESS	7 PLUM RIDGE
CITY-ST-ZIP	WINDSOR, CT 06095
TITLE	D
NAME	BLANCO, FRANK
STREET ADDRESS	6894 RAIN LILY RD # 101
CITY-ST-ZIP	NAPLES, FL 34109
TITLE	DST
NAME	SARNOWSKI, ARLENE
STREET ADDRESS	1066 W 120TH ST
CITY-ST-ZIP	WAUWATOSA, WI 53226
TITLE	D
NAME	SACCOCCIO, DAN
STREET ADDRESS	3 OCEAN ST N
CITY-ST-ZIP	QUINCY, MA 02171
TITLE	D
NAME	CAIGNET, ROBERT
STREET ADDRESS	P.O. BOX 1495
CITY-ST-ZIP	LABELLE, FL 33975
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: John Smith Jr. 4-30-08 (239)248-9638
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #