

**2003 NOT-FOR-PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Apr 21, 2003 8:00 am**  
**Secretary of State**

04-21-2003 90518 001 \*\*\*\*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

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **59-2544076**

Applied For

Not Applicable

Zip

Country

Zip

Country

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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  
Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Delete  
NAME **DP**  
STREET ADDRESS **VAALA, FRANCESCA**  
CITY-ST-ZIP **2699 WINDSOR BAY  
SAINT PAUL MN 55125**

TITLE ☐ Change ☐ Addition  
NAME **DST**  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME **D**  
STREET ADDRESS **SACCOCCIO, DAN**  
CITY-ST-ZIP **#3 OCEAN ST  
N QUICY MA**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME **DVP**  
STREET ADDRESS **SARNOWSKI, DON**  
CITY-ST-ZIP **1066 W 120TH ST  
WAUWATOSA WI 53226**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME **DST**  
STREET ADDRESS **SIMMONS, ROY**  
CITY-ST-ZIP **13125 W. PARK AVENUE  
NEW BERLIN WI**

TITLE ☐ Change ☐ Addition  
NAME **DP**  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☒ Delete  
NAME **D**  
STREET ADDRESS **BLANCO, FRANK**  
CITY-ST-ZIP **6894 RAIN LILY RD 101  
NAPLES FL 34109**

TITLE ☐ Change ☒ Addition  
NAME **D**  
STREET ADDRESS **LARRY KAZMIERCIK**  
CITY-ST-ZIP **871 CHERI LANE  
MENDOTA HEIGHTS, MN 55120**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
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 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: **ROY SIMMONS**

**4/15/03 (262)782-9372**

CR2E037 (10/02)