

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03000001704

FILED
Apr 09, 2009
Secretary of State

Entity Name: THE VANDERBILT CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business:

5551 RIDGEWOOD DR STE 203
NAPLES, FL 34108

New Principal Place of Business:

9235 GULF SHORE DR
NAPLES, FL 34110

Current Mailing Address:

3050 N HORSESHOE DRIVE
#275
NAPLES, FL 34104

New Mailing Address:

FEI Number: 05-0556647 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**

Name and Address of Current Registered Agent:

KRAMER-TRIAD MANAGEMENT GROUP, LLC
3050 N HORSESHOE DRIVE, #275
NAPLES, FL 34104 US

Name and Address of New Registered Agent:

VANDALL, BONITA D
3050 N HORSESHOE DRIVE, #275
NAPLES, FL 34104 US

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: BONITA VANDALL

04/09/2009

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: CORACE, RICHARD F
Address: 800 LAUREL OAKS, #300
City-St-Zip: NAPLES, FL 34108

Title: D () Delete
Name: GRIFFIN, GERALD
Address: 800 LAUREL OAKS, #300
City-St-Zip: NAPLES, FL 34108

Title: ST () Delete
Name: LINDSAY, JOANN
Address: 9235 GULF SHORE DR. N., #502
City-St-Zip: NAPLES, FL 34110

Title: V (X) Delete
Name: RINIERI, JOSEPH
Address: 9235 GULF SHORE DR. N., #701
City-St-Zip: NAPLES, FL 34110

Title: P (X) Delete
Name: FITERMAN, STEVE
Address: 9235 GULF SHORE DR N #302
City-St-Zip: NAPLES, FL 34110

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DP (X) Change () Addition
Name: HOGAN, BOB
Address: 9235 GULF SHORE DR.
City-St-Zip: NAPLES, FL 34110

Title: DVP (X) Change () Addition
Name: VIDOR, LUKE
Address: 9235 GULF SHORE DR #902
City-St-Zip: NAPLES, FL 34110

Title: DT (X) Change () Addition
Name: BARRY, DON
Address: 9235 GULF SHORE DR. N.,
City-St-Zip: NAPLES, FL 34110

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: BOB HOGAN

PRES

04/09/2009

Electronic Signature of Signing Officer or Director

Date