


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 07, 2008 8:00 am
Secretary of State

04-07-2008 90029 037 ****61.25

DOCUMENT # N31728		
1. Entity Name VANDERBILT VILLAS CONDOMINIUM ASSOCIATION, INC.		

Principal Place of Business 509 ROMA COURT NAPLES, FL 34110 US	Mailing Address 1040 6TH AVE. N. NAPLES, FL 34102 US
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40060065



2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

03162008 Chg-NP CR2E037 (12/06)

4. FEI Number 65-0116136	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
VPV PROPERTY MANAGEMENT 1040 6TH AVE. N. NAPLES, FL 34102		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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

Filing Fee Is \$61.25 Due by May 1, 2008	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees	Make check payable to Florida Department of State
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
T NAME PLOURDE, RON STREET ADDRESS 509 ROMA CT #701 CITY-ST-ZIP NAPLES, FL 34110	<input checked="" type="checkbox"/> Delete	T NAME MORIARTY, MAURICE STREET ADDRESS 7626 MARINER POINT CITY-ST-ZIP MAPLE GROVE, MN 55311	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
VP NAME PANOISCIO, JOE STREET ADDRESS 97 MAIN ST CITY-ST-ZIP WESTMINSTER, MA 01473	<input type="checkbox"/> Delete	VP NAME PANDISCIO, JOE STREET ADDRESS 97 MAIN ST. CITY-ST-ZIP WESTMINSTER, MA 01473	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
PD NAME IMBRIANO, ERNEST STREET ADDRESS 509 ROMA CT. #204 CITY-ST-ZIP NAPLES, FL 34110	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition
S NAME DIXON, ANN STREET ADDRESS 29 STERNWOOD CT CITY-ST-ZIP BRAMPTON, ONTARIO, CA L6W 4H8	<input type="checkbox"/> Delete	S NAME DICKSON, ANN STREET ADDRESS 29 STERNWOOD CT. CITY-ST-ZIP BRAMPTON, ONTARIO, CA L6W 4H8	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
D NAME DIGIOA, TOM STREET ADDRESS 405 SHREWSBURY ST CITY-ST-ZIP WORCESTER, MA 01604	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition
	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: *Ernest Imbriano* **3-17-08 (239) 261-1161**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #