

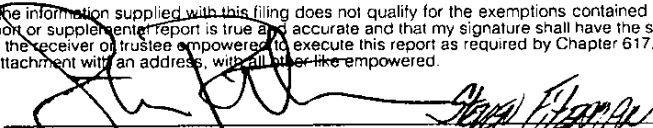


Amended 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # N03000001704 1. Entity Name THE VANDERBILT CONDOMINIUM ASSOCIATION, INC.						<div style="font-size: 2em; font-weight: bold;">FILED</div> <div style="font-size: 1.2em;">07 JUL -5 PM 4:28</div> <div style="font-size: 1.1em;">SECRETARY OF STATE TALLAHASSEE, FLORIDA</div> 			
Principal Place of Business 5551 RIDGEWOOD DR STE 203 NAPLES, FL 34108				Mailing Address 3050 N HORSESHOE DRIVE #275 NAPLES, FL 34104					
2. Principal Place of Business - No P.O. Box #		3. Mailing Address		05152007 Chg-NP CR2E037 (12/06)		4. FEI Number 05-0556647		Applied For <input type="checkbox"/> Not Applicable	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required			
City & State		City & State		Zip		Country		6. Name and Address of Current Registered Agent KRAMER-TRIAD MANAGEMENT GROUP, LLC 3050 N HORSESHOE DRIVE, #275 NAPLES, FL 34104	
City & State		City & State		Zip		Country		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="text-align: right; font-weight: bold;">FL</div> 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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>									
Filing Fee is \$61.25 Due by September 14, 2007				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	
10. OFFICERS AND DIRECTORS					11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD CORACE, RICHARD F 5551 RIDGEWOOD DR STE 203 NAPLES, FL 34108	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P STEVEN FITZGERMAN 7575 Golden Valley Rd. #310 MINNEAPOLIS, MN 55427	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP JOSEPH RIVIERI 9235 GULF SHORE DR. N. #701 NAPLES, FL 34110	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	TITLE NAME STREET ADDRESS CITY-ST-ZIP
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD GRIFFIN, GERALD F II 5551 RIDGEWOOD DR STE 203 NAPLES, FL 34108	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST JO ANN LINTON 9235 GULF SHORE DR. N. #502 NAPLES, FL 34110	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D RICHARD CORACE 500 LAUREL OAKS #300 NAPLES, FL 34108	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	TITLE NAME STREET ADDRESS CITY-ST-ZIP
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S FITZGERMAN, STEVEN 4575 GOLDEN VALLEY RD #250 MINNEAPOLIS, MN 55427	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GERALD GRIFFIN 500 LAUREL OAKS #300 NAPLES, FL 34108	<input type="checkbox"/> Change <input type="checkbox"/> Addition	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition	TITLE NAME STREET ADDRESS CITY-ST-ZIP
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition	400105641304 07/24/07--01052--017 **\$61.25			
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: 									
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR									
Date: 6/12/07 Daytime Phone #: 239-514-2510									