## 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## **DOCUMENT #716700**

VANDERBILT TOWERS, UNIT #3 OF NAPLES, INC.



Principal Place of Business

**5 BLUEBILL AVENUE** NAPLES, FL 34108

Mailing Address

**5 BLUEBILL AVENUE** NAPLES, FL 34108

US

## FILED Apr 24, 2006 8:00 am Secretary of State

04-24-2006 90458 028 \*\*\*\*70.00



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02102006 No Chg-NP

CR2E037 (11/05)

DATE

4. FEI Number 59-1440376 Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional

6. Name and Address of Current Registered Agent

Signature, typed or printed name of registered agent and title if applicable

BECKWITH, LORRAINE **5 BLUEBILL AVENUE** #<del>708</del> 704 NAPLES, FL 34108

SIGNATURE.

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8	3. 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 acc	ept
	the obligations of registered agent.		

(NOTE: Registered Agent signature required when reinstating)

9. Election Campaign Financing

\$5.00 May Be Added to Fees

Filing Fee is \$61.25 Trust Fund Contribution. Due by May 1, 2006 OFFICERS AND DIRECTORS 10. TITLE NAME HENNIGER, CHARLES STREET ADDRESS **6 CANTEBURY ROAD** CITY-ST-ZIP MARBLEHEAD, MA 01945 NAME BECKWITH, LORAINE STREET ADDRESS P.O. BOX 1452 CITY-ST-ZIP EAST DENNIS, MA 02641 TITLE NAME PERKINS, JUDY STREET ADDRESS **5 BLUEBILL AVENUE** CITY-ST-ZIP NAPLES, FL 34108 TITLE SEXTON, ALBERT NAME STREET ADDRESS 5 BLUEBILL AVENUE #508 CITY-ST-ZIP NAPLES, FL 34108 TITLE NAME WHEARTY, ROBERT STREET ADDRESS 32 CARLTON CITY-ST-ZIP E SANDWICH, MA 02357 TITLE Е MINOR, RON NAME STREET ADDRESS 8431 TULIP LANE

CHAGRIN FALLS, OH 44023

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12. I hereby certify that the information supplied with this filling 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:

CITY-ST-ZIP

Corraine Bechwith