


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 22, 2007 8:00 am
Secretary of State

01-22-2007 90086 004 ****61.25

DOCUMENT # 716700 1. Entity Name VANDERBILT TOWERS, UNIT #3 OF NAPLES, INC.					
Principal Place of Business 5 BLUEBILL AVENUE NAPLES, FL 34108 US			Mailing Address 5 BLUEBILL AVENUE NAPLES, FL 34108 US		
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc. City & State Zip Country			3. Mailing Address Suite, Apt. #, etc. City & State Zip Country		
4. FEI Number 59-1440376			Applied For <input type="checkbox"/> Not Applicable		
5. Certificate of Status Desired <input type="checkbox"/>			\$8.75 Additional Fee Required		
6. Name and Address of Current Registered Agent BECKWITH, LORRAINE 5 BLUEBILL AVENUE #100-704 NAPLES, FL 34108			7. Name and Address of New Registered Agent 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 _____ <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 May 1, 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	S HENNIGER, CHARLES 6 CANTEBURY ROAD MARBLEHEAD, MA 01945	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	B T BECKWITH, LORRAINE P.O. BOX 1452 EAST DENNIS, MA 02641	<input type="checkbox"/> Delete		T Lorraine Beckwith PO Box 1452 East Dennis, MA 02641	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T D PERKINS, JUDY 5 BLUEBILL AVENUE NAPLES, FL 34108	<input type="checkbox"/> Delete		D Judy Perkins 5 Bluebill Ave Naples, FL 34108	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P SEXTON, ALBERT 5 BLUEBILL AVENUE #508 NAPLES, FL 34108	<input checked="" type="checkbox"/> Delete		D Eileen Elmer 2233 SH 48 Canton, N.Y. 13617	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WHEARTY, ROBERT 32 CARLTON E SANDWICH, MA 02357	<input type="checkbox"/> Delete		D Richard Vick 410 Thompson St. Hanna, IN 46340	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	B P MINOR, RON 8431 TULIP LANE CHAGRIN FALLS, OH 44023	<input type="checkbox"/> Delete		P Ronald Miner 8431 Tulip Lane Chagrin, OH 44023	<input checked="" 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: <u>Lorraine Beckwith</u> <u>Lorraine Beckwith</u> <u>1/14/07</u> <u>239-597-2921</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					

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