

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 716700

FILED
Apr 30, 2009
Secretary of State

Entity Name: VANDERBILT TOWERS, UNIT #3 OF NAPLES, INC.

Current Principal Place of Business:

5 BLUEBILL AVENUE
NAPLES, FL 34108 US

New Principal Place of Business:

Current Mailing Address:

5 BLUEBILL AVENUE
NAPLES, FL 34108 US

New Mailing Address:

FEI Number: 59-1440376

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BECKWITH, LORRAINE
5 BLUEBILL AVENUE
#708
NAPLES, FL 34108 US

Name and Address of New Registered Agent:

CREIGHTON, THOMAS
5 BLUEBILL AVENUE
#812
NAPLES, FL 34108 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: THOMAS CREIGHTON

04/30/2009

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: VP () Delete
Name: HENNIGER, CHARLES
Address: 6 CANTEBURY ROAD
City-St-Zip: MARBLEHEAD, MA 01945

Title: T () Delete
Name: BECKWITH, LORRAINE
Address: P.O. BOX 1452
City-St-Zip: EAST DENNIS, MA 02641

Title: S () Delete
Name: PERKINS, JUDY
Address: 5 BLUEBILL AVENUE
City-St-Zip: NAPLES, FL 34108

Title: D () Delete
Name: ELMER, EILEEN
Address: 2233 SH 68
City-St-Zip: CANTON, NY 13617

Title: D () Delete
Name: VICK, RICHARD
Address: 410 THOMPSON ST
City-St-Zip: HANNA, IN 46340

Title: P () Delete
Name: MINOR, RON
Address: 8431 TULIP LANE
City-St-Zip: CHAGRIN FALLS, OH 44023

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: S (X) Change () Addition
Name: LIVINGSTON, JAMES
Address: 1715 ALTON ROAD
City-St-Zip: NEW BRIGHTON, MN 5512

Title: D (X) Change () Addition
Name: WALES, JIM
Address: 17477 OLD HARMONY DR #101
City-St-Zip: FT. MYERS, FL 33908

Title: D (X) Change () Addition
Name: PERKINS, JUDY
Address: 5 BLUEBILL AVENUE
City-St-Zip: NAPLES, FL 34108

Title: VP (X) Change () Addition
Name: ELMER, EILEEN
Address: 2233 SH 68
City-St-Zip: CANTON, NY 13617

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: THOMAS CREIGHTON

T

04/30/2009

Electronic Signature of Signing Officer or Director

Date