
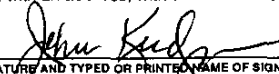


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 23, 2007 8:00 am
Secretary of State

04-23-2007 90285 032 ****61.25

DOCUMENT # 751005 1. Entity Name VANDERBILT SURF COLONY, A CONDOMINIUM, SECTION II, ASSOCIATION, INC.					
Principal Place of Business 15 BLUEBILL AVE NAPLES, FL 34108			Mailing Address 15 BLUEBILL AVE NAPLES, FL 34108		
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	4. FEI Number 59-2099444	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For Not Applicable	
6. Name and Address of Current Registered Agent SWALM & MURRELL, P.A. 2375 TAMiami TR N SUITE 308 NAPLES, FL 33940				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)</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			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP PAREJKO, JIM 15 BLUE BILL AVE NAPLES, FL 34108 <input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition DALE, DICK 15 BLUE BILL AVE #301 NAPLES, FL 34108	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD HARRISON, LEE 15 BLUEBILL AVENUE NAPLES, FL 34108 <input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition LIBBY, JIM 15 BLUEBILL AVE #102 NAPLES, FL 34108	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BIANCO, JOE 15 BLUEBILL AVE NAPLES, FL 34108 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition DP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DT KUDZMA, JACK 15 BLUEBILL AVE. NAPLES, FL 34108 <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	D MARIN, JOANNE 15 BLUEBILL AVE NAPLES, FL 34108 <input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition DVP ZUBER CHRIS 15 BLUEBILL AVE #101 NAPLES, FL 34108	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SHYKEN, CHARLENE 15 BLUEBILL AVE NAPLES, FL <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition DS	
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: 			Date 4/19/07 Daytime Phone # 239-649-5667		