


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
May 08, 2006 8:00 am
Secretary of State

05-08-2006 90290 019 ****61.25

DOCUMENT # 753939 1. Entity Name VANDERBILT YACHT & RACQUET CLUB CONDOMINIUM ASSOCIATION, INC.					
Principal Place of Business 11030 GULF SHORE DRIVE NAPLES FL 34108 US		Mailing Address 11030 GULF SHORE DRIVE NAPLES FL 34108 US			
2. Principal Place of Business Suite, Apt. #, etc. City & State Zip Country		3. Mailing Address Suite, Apt. #, etc. City & State Zip Country			
4. FEI Number 59-2429289				Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required				1st MOORE CR2E037 (10/05)	
6. Name and Address of Current Registered Agent YOUNG, KAREN 9917 STRIKE LN BONITA SPRINGS FL 34135			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 <u>WILLIAM E. 'BUZZ' GALLIERS</u> <small>Signature, typed or printed name of registered agent and true if applicable (NOTE: Registered Agent signature required when reconstituting) DATE</small>					
FILE NOW: FEE IS \$61.25 Due By May 1, 2006		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 DT NAME HORNSBY, DOT STREET ADDRESS 3210 MONROE RD. CITY-ST-ZIP MIDLAND MI 48640	<input type="checkbox"/> Delete		TITLE D NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE D NAME ELINE, BILL STREET ADDRESS 30539 PINETREE RD. #225 CITY-ST-ZIP CLEVELAND OH 44124	<input type="checkbox"/> Delete		TITLE D NAME Bob Johnson STREET ADDRESS PO BOX 4183 CITY-ST-ZIP CAMPBELLVILLE, Ky 40719	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE P NAME GALLIERS, BUZZ STREET ADDRESS 284 COUNTRY CLUB DR CITY-ST-ZIP COLDWATER MI 49036	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE DT NAME AIKIN, TERRY STREET ADDRESS 9675 LINCOLN AVE CITY-ST-ZIP DES MOINES IA 50325	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE D NAME WEHR, ALAN STREET ADDRESS 5021 WOODDALE LN CITY-ST-ZIP MINNEAPOLIS MN 55424	<input type="checkbox"/> Delete		TITLE DY NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE D NAME TARAPATA, HELEN STREET ADDRESS 5 LAKE VIEW PLACE CITY-ST-ZIP GRANTHAM NH 03753	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input 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 Section 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: William E. Galliers President 4/28/06 517-204-1207