


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 25, 2008 08:00 AM
Secretary of State

DOCUMENT # 766944 1. Entity Name THE MANSIONS AT VANDERBILT BEACH, INC.	
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Principal Place of Business 10633 GULF SHORE DR. NAPLES, FL 34108	Mailing Address 10633 GULF SHORE DR. NAPLES, FL 34108
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DO NOT WRITE IN THIS SPACE



01232008 No Chg-NP CR2E037 (4/06)

4. FEI Number 59-2504408	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 PARKS, NAOMI 10633 GULF SHORE DRIVE, #35 NAPLES, FL 34108

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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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

Filing Fee is \$61.25 Due by May 1, 2008	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	00000797301 01/29/08-80068-006 61.25
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD SANTANDREA, SAMUEL A 10633 GULF SHORE DR. #2S NAPLES, FL 34108
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD CONNOLLY, JOE 10633 GULF SHORE DRIVE #6N NAPLES, FL 34108
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD STEVENS, JOHN R 10633 GULF SHORE DR. #5S NAPLES, FL 34108
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD PARKS, NAOMI 10633 GULF SHORE DRIVE, #35 NAPLES, FL 34108
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GRYSKIEWIEZ, PHYLLIS 10633 GULF SHORE DRIVE 5 NORTH NAPLES, FL 34108
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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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: <i>Joseph L Connolly</i>	<i>1/23/08</i>
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	Date Daytime Phone #