

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N01000001978

FILED
Apr 28, 2006
Secretary of State

Entity Name: VANDERBILT VILLAS, II, CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business:

9220 BONITA BEN RD
218
BONITA SPRINGS, FL 34135

New Principal Place of Business:

Current Mailing Address:

9220 BONITA BEN RD
218
BONITA SPRINGS, FL 34135

New Mailing Address:

6700 LONE OAK BLVD
NAPLES, FL 34109

FEI Number: **FEI Number Applied For ()** **FEI Number Not Applicable (X)** **Certificate of Status Desired ()**

Name and Address of Current Registered Agent:

ROSS, BYRON
6700 LONE OAK BLVD
NAPLES, FL 34109 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: CHANG, JASON M
Address: 519 ROMA CT #2101
City-St-Zip: NAPLES, FL 34110

Title: V () Delete
Name: CHATFIELD, CARL
Address: 100 BROOKSTONE CT
City-St-Zip: CHAPELHILL, NC 27514

Title: S () Delete
Name: DEVORE, JOAN
Address: PO BOX 1623
City-St-Zip: COLUMBUS, OH 47202

Title: T () Delete
Name: MILLER, JUDY
Address: 519 ROMA CT #2104
City-St-Zip: NAPLES, FL 34110

Title: D () Delete
Name: PERKINS, GARY
Address: 1487 N LIVERNOIS
City-St-Zip: ROCHESTER HILLS, MI 48306

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: CHATFIELD, CARL
Address: 519 ROMA CT , #3102
City-St-Zip: NAPLES, FL 34110

Title: V (X) Change () Addition
Name: PERKINS, GARY
Address: 519 ROMA CT , #3102
City-St-Zip: NAPLES, FL 34110

Title: S (X) Change () Addition
Name: GIANBRUNO, STEVE
Address: 519 ROMA CT , #3207
City-St-Zip: NAPLES, FL 34110

Title: T (X) Change () Addition
Name: ACOSTA, TONY
Address: 519 ROMA CT #2104
City-St-Zip: NAPLES, FL 34110

Title: D (X) Change () Addition
Name: KADLED, JOE
Address: 519 ROMA CT.,
City-St-Zip: NAPLES, FL 34110

I hereby certify that the information supplied with this filing does not qualify for the 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: BYRON ROSS

MGR

04/28/2006

Electronic Signature of Signing Officer or Director

Date