

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N01000001978

FILED
Apr 24, 2007
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:

%GUARDIAN PROPERTY MANAGEMENT
6700 LONE OAK BLVD
NAPLES, FL 34109

Current Mailing Address:

6700 LONE OAK BLVD
NAPLES, FL 34109

New Mailing Address:

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: CHATFIELD, CARL
Address: 519 ROMA CT , #3102
City-St-Zip: NAPLES, FL 34110

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

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

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

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

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: KADLEC, JOE
Address: 519 ROMA CT , #3101
City-St-Zip: NAPLES, FL 34110

Title: VP (X) Change () Addition
Name: WRIEDT, HENRY
Address: 519 ROMA CT , #3201
City-St-Zip: NAPLES, FL 34110

Title: S (X) Change () Addition
Name: MILLAN, ESTEBAN
Address: 519 ROMA CT , #3303
City-St-Zip: NAPLES, FL 34110

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: D (X) Change () Addition
Name: SENA, CARLOS
Address: 519 ROMA CT., 2202
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

04/24/2007

Electronic Signature of Signing Officer or Director

Date