

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N01000003056

FILED
Apr 30, 2007
Secretary of State

Entity Name: VDL OWNERS ASSOCIATION, INC.

Current Principal Place of Business:

KEYS-CALDWELL, INC
1162 INDIAN HILLS BLVD
VENICE, FL 34293

New Principal Place of Business:

Current Mailing Address:

KEYS-CALDWELL, INC
1162 INDIAN HILLS BLVD
VENICE, FL 34293

New Mailing Address:

FEI Number: 59-3720284 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

KEYS-CALDWELL, INC
1162 INDIAN HILLS BLVD
VENICE, FL 34293 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: PD () Delete
Name: HINES, ROD
Address: 204 VISTA DEL LAGO WAY
City-St-Zip: VENICE, FL 34292

Title: D () Delete
Name: TAMANDLI, BOB
Address: 232 VISTA DEL LAGO WAY
City-St-Zip: VENICE, FL 34292

Title: SD () Delete
Name: SCHAADT, JOYCE
Address: 218 VISTA DEL LAGO WAY
City-St-Zip: VENICE, FL 34292

Title: TD () Delete
Name: KLIEN, DELORES
Address: 240 VISTA DEL LAGO WAY
City-St-Zip: VENICE, FL 34292

Title: VD () Delete
Name: ARTHUR, SUSAN
Address: 215 VISTA DE LAGO WAY
City-St-Zip: VENICE, FL 34292

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: TD (X) Change () Addition
Name: SCHNEIDER, ERIC
Address: 247 VISTA DEL LAGO WAY
City-St-Zip: VENICE, FL 34292

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

Title: PD (X) Change () Addition
Name: SCHAADT, JOYCE
Address: 218 VISTA DEL LAGO WAY
City-St-Zip: VENICE, FL 34292

Title: SD (X) Change () Addition
Name: KLIEN, DELORES
Address: 240 VISTA DEL LAGO WAY
City-St-Zip: VENICE, FL 34292

Title: VD (X) Change () Addition
Name: OHMOTT, CARL
Address: 239 VISTA DE LAGO WAY
City-St-Zip: VENICE, FL 34292

I hereby certify that the information supplied with this filing does not qualify 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: DOLORES KLEIN

SD

04/30/2007

Electronic Signature of Signing Officer or Director

Date