


# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 28, 2008 8:00 am**  
**Secretary of State**

04-28-2008 90354 012 \*\*\*\*61.25

<b>DOCUMENT # N02000007011</b>					
<b>1. Entity Name</b> REGATTA AT VANDERBILT BEACH DOCK ASSOCIATION, INC.					
<b>Principal Place of Business</b> 3050 N. HORSESHOE DR. #275 NAPLES, FL 34104 US			<b>Mailing Address</b> 3050 N. HORSESHOE DR. #275 NAPLES, FL 34104 US		
<b>2. Principal Place of Business - No P.O. Box #</b>		<b>3. Mailing Address</b>			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		<b>4. FEI Number</b> 51-0431795	
Zip		Country		Applied For Not Applicable	
Zip		Country		<b>5. Certificate of Status Desired</b> <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
<b>6. Name and Address of Current Registered Agent</b>			<b>7. Name and Address of New Registered Agent</b>		
KRAMER-TRIAD MANAGEMENT GROUP 3050 N. HORSESHOE DR. #275 NAPLES, FL 34104			Name Street Address (P.O. Box Number is Not Acceptable) City		
FL			Zip Code		
<b>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.</b>					
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
<b>Filing Fee is \$61.25 Due by May 1, 2008</b>		<b>9. Election Campaign Financing</b> Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
<b>Make check payable to Florida Department of State</b>		<b>10. OFFICERS AND DIRECTORS</b>			
<b>TITLE</b> NAME STREET ADDRESS CITY - ST - ZIP	D SAPUTO, PETER C 3400 E LAFAYETTE DETROIT, MI 48207	<input type="checkbox"/> Delete			
<b>TITLE</b> NAME STREET ADDRESS CITY - ST - ZIP	D BROWN, DAVID A 425 LAUNCH CIRCLE NAPLES, FL 34108	<input type="checkbox"/> Delete			
<b>TITLE</b> NAME STREET ADDRESS CITY - ST - ZIP	T BROCKHAUS, RICHARD 3400 E. LAFAYETTE DETROIT, MI 48207	<input type="checkbox"/> Delete			
<b>TITLE</b> NAME STREET ADDRESS CITY - ST - ZIP	[Empty]	<input type="checkbox"/> Delete			
<b>TITLE</b> NAME STREET ADDRESS CITY - ST - ZIP	[Empty]	<input type="checkbox"/> Delete			
<b>TITLE</b> NAME STREET ADDRESS CITY - ST - ZIP	[Empty]	<input type="checkbox"/> Delete			
<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
<b>TITLE</b> NAME STREET ADDRESS CITY - ST - ZIP	[Empty]				
<b>TITLE</b> NAME STREET ADDRESS CITY - ST - ZIP	[Empty]				
<b>TITLE</b> NAME STREET ADDRESS CITY - ST - ZIP	[Empty]				
<b>TITLE</b> NAME STREET ADDRESS CITY - ST - ZIP	[Empty]				
<b>TITLE</b> NAME STREET ADDRESS CITY - ST - ZIP	[Empty]				
<b>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.</b>					
<b>SIGNATURE:</b> <i>Michael Brown / Agent</i>		4/9/08 239-263-1577			
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone #			