


**2006 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**May 04, 2006 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # N02859</b> 1. Entity Name VANDERBILT PALMS CONDOMINIUM OWNERS ASSOCIATION, INC.	
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Principal Place of Business 260 SOUTHBAY DRIVE NAPLES, FL 34108 US	Mailing Address P O BOX 7622 NAPLES, FL 34101-7622 US
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05012006 No Chg-NP CR2E037 (4/06)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number 59-2544076	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
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6. Name and Address of Current Registered Agent  MCFATTER, GLEB M 3150 SAFE HARBOR DRIVE NAPLES, FL 34117
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<b>DO NOT WRITE IN THIS SPACE</b>
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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, 2006**

9. Election Campaign Financing  
Trust Fund Contribution. ☐ **\$5.00** May Be  
Added to Fees

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV VAALA, FRANCESCA 2699 WINDSOR BAY SAINT PAUL, MN 55125
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BLANCO, FRANK 6894 RAIN LILY RD # 101 NAPLES, FL 34109
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DST SARNOWSKI, DON 1066 W 120TH ST WAUWATOSA, WI 53226
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SIMMONS, ROY 13125 W. PARK AVENUE NEW BERLIN, WI
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP KAZMERCZAK, LARRY 871 CHERI LANE SAINT PAUL, MN 55120
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

<p>000000562305 05/19/06-80051-003 61.25</p> <p><b>DO NOT WRITE IN THIS SPACE</b></p>
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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: Larry Kazmierzak **LARRY KAZMERCZAK** 4/10/06 (239)248-9638  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #