

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 23, 2007 8:00 am
Secretary of State

04-23-2007 90072 028 ****61.25

DOCUMENT # N02859

1. Entity Name
**VANDERBILT PALMS CONDOMINIUM OWNERS
ASSOCIATION, INC.**



Principal Place of Business
**260 SOUTHBAY DRIVE
NAPLES, FL 34108 US**

Mailing Address
**P O BOX 7622
NAPLES, FL 34101-7622 US**

40010021



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

04202007 Chg-NP CR2E037 (12/06)

City & State

City & State

4. FEI Number
59-2544076

Applied For
Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐ **\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**MCFATTER, GLEB M
3150 SAFE HARBOR DRIVE
NAPLES, FL 34117**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25
Due by May 1, 2007**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

**Make check payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**DV
VAALA, FRANCESCA
2699 WINDSOR BAY
SAINT PAUL, MN 55125** ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**DP
JOHN SMITH
7 PLUM RIDGE
WINDSOR, CT 06095** ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
BLANCO, FRANK
6894 RAIN LILY RD # 101
NAPLES, FL 34109** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**DST
SARNOWSKI, DON
1066 W 120TH ST
WAUWATOSA, WI 53226** ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**DST
ARLENE SARNOWSKI
1066 W 120TH ST
WAUWATOSA, WI 53226** ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
SIMMONS, ROY
13125 W. PARK AVENUE
NEW BERLIN, WI** ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
DAN SACCOCCIO
#3 OCEAN ST N.
QUINCY, MA 02171** ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**DP
KAZMERCZAK, LARRY
871 CHERI LANE
SAINT PAUL, MN 55120** ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
DR. ROBERT CAIGNET
PO Box 1495
LABELLE, FL 33975** ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

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:

John Smith
JOHN SMITH
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-20-07
Date

(239) 248-9638
Daytime Phone #