

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N02859

FILED
Apr 25, 2009
Secretary of State

Entity Name: VANDERBILT PALMS CONDOMINIUM OWNERS ASSOCIATION, INC.

Current Principal Place of Business:

260 SOUTHBAY DRIVE
NAPLES, FL 34108 US

New Principal Place of Business:

Current Mailing Address:

P O BOX 7622
NAPLES, FL 341017622 US

New Mailing Address:

FEI Number: 59-2544076

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MCFATTER, GLEB M
3150 SAFE HARBOR DRIVE
NAPLES, FL 34117 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: DP () Delete
Name: SMITH, JOHN
Address: 7 PLUM RIDGE
City-St-Zip: WINDSOR, CT 06095

Title: D () Delete
Name: BLANCO, FRANK
Address: 6894 RAIN LILY RD # 101
City-St-Zip: NAPLES, FL 34109

Title: DST () Delete
Name: SARNOWSKI, ARLENE
Address: 1066 W 120TH ST
City-St-Zip: WAUWATOSA, WI 53226

Title: D () Delete
Name: SACCOCCIO, DAN
Address: 3 OCEAN ST N
City-St-Zip: QUINCY, MA 02171

Title: D () Delete
Name: CAIGNET, ROBERT
Address: P.O. BOX 1495
City-St-Zip: LABELLE, FL 33975

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: DV (X) Change () Addition
Name: BLANCO, FRANK
Address: 6894 RAIN LILY RD # 101
City-St-Zip: NAPLES, FL 34109

Title: DST (X) Change () Addition
Name: VAALA, FRANCESCA
Address: 2699 WINDSOR BAY
City-St-Zip: WOODBURY, MN 55125

Title: DV (X) Change () Addition
Name: SIMMONS, ROY
Address: 13125 W PARK AVE
City-St-Zip: NEW BERLIN, WI 53151

Title: DV (X) Change () Addition
Name: KAZMIERCZAK, LARRY
Address: 874 CHERI LANE
City-St-Zip: MENDOTA HEIGHTS, MN 55120

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: JOHN SMITH

DP

04/25/2009

Electronic Signature of Signing Officer or Director

Date