


# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 14, 2008 8:00 am**  
**Secretary of State**

04-14-2008 90045 045 \*\*\*\*61.25

<b>DOCUMENT # N03000001704</b>					
<b>1. Entity Name</b> THE VANDERBILT CONDOMINIUM ASSOCIATION, INC.					
<b>Principal Place of Business</b> 5551 RIDGEWOOD DR STE 203 NAPLES, FL 34108			<b>Mailing Address</b> 3050 N HORSESHOE DRIVE #275 NAPLES, FL 34104		
<b>2. Principal Place of Business - No P.O. Box #</b>		<b>3. Mailing Address</b>			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
<b>City &amp; State</b>		<b>City &amp; State</b>		<b>4. FEI Number</b> 05-0556647	
<b>Zip</b>		<b>Country</b>		<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, LLC 3050 N HORSESHOE DRIVE, #275 NAPLES, FL 34104		Name Street Address (P.O. Box Number is Not Acceptable) City <span style="float: right;"><b>FL</b></span> 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> <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>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>		
<b>TITLE</b> D <b>NAME</b> CORACE, RICHARD F <b>STREET ADDRESS</b> 800 LAUREL OAKS, #300 <b>CITY-ST-ZIP</b> NAPLES, FL 34108	<input type="checkbox"/> Delete		<b>TITLE</b>  <b>NAME</b>  <b>STREET ADDRESS</b>  <b>CITY-ST-ZIP</b> 	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>TITLE</b> D <b>NAME</b> GRIFFIN, GERALD <b>STREET ADDRESS</b> 800 LAUREL OAKS, #300 <b>CITY-ST-ZIP</b> NAPLES, FL 34108	<input type="checkbox"/> Delete		<b>TITLE</b>  <b>NAME</b>  <b>STREET ADDRESS</b>  <b>CITY-ST-ZIP</b> 	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>TITLE</b> ST <b>NAME</b> LINDSAY, JOANN <b>STREET ADDRESS</b> 9235 GULF SHORE DR. N., #502 <b>CITY-ST-ZIP</b> NAPLES, FL 34110	<input type="checkbox"/> Delete		<b>TITLE</b>  <b>NAME</b>  <b>STREET ADDRESS</b>  <b>CITY-ST-ZIP</b> 	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>TITLE</b> V <b>NAME</b> RINIERI, JOSEPH <b>STREET ADDRESS</b> 9235 GULF SHORE DR. N., #701 <b>CITY-ST-ZIP</b> NAPLES, FL 34110	<input type="checkbox"/> Delete		<b>TITLE</b>  <b>NAME</b>  <b>STREET ADDRESS</b>  <b>CITY-ST-ZIP</b> 	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>TITLE</b> P <b>NAME</b> SHERMAN, STEVEN <b>STREET ADDRESS</b> 7575 GOLDEN VALLEY RD., #310 <b>CITY-ST-ZIP</b> MINNEAPOLIS, MN 55427	<input checked="" type="checkbox"/> Delete		<b>TITLE</b> P <b>NAME</b> STEVE FITERMAN <b>STREET ADDRESS</b> 9235 Gulf Shore Dr. N #302 <b>CITY-ST-ZIP</b> NAPLES FL 34110	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>TITLE</b>  <b>NAME</b>  <b>STREET ADDRESS</b>  <b>CITY-ST-ZIP</b> 	<input type="checkbox"/> Delete		<b>TITLE</b>  <b>NAME</b>  <b>STREET ADDRESS</b>  <b>CITY-ST-ZIP</b> 	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<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>Marilyn Grasso</i> <span style="float: right;">Marilyn Grasso Agent</span>					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR _____ Date _____ Daytime Phone # _____					