

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N05437

FILED
Apr 26, 2006
Secretary of State

Entity Name: VANDERBILT COMMUNITY SERVICES ASSOCIATION, INC.

Current Principal Place of Business:

WINTHROP CIRCLE
BONITA SPRINGS, FL 34134 US

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 8990
NAPLES, FL 34101 US

New Mailing Address:

FEI Number: 59-2747303

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

HART, STEPHEN P
COLLIER FINANCIAL, INC
4985 EAST TAMiami TRAIL
NAPLES, FL 34113 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: VPD () Delete
Name: CAPISTRANT, EUGENE
Address: 3837 ESSEX PLACE SW.
City-St-Zip: BONITA SPRINGS, FL 34134

Title: PD () Delete
Name: MAZZOLA, BRUCE
Address: 28191 WINTHROP CIR SW
City-St-Zip: BONITA SPRINGS, FL 34134

Title: VPS () Delete
Name: JOHNSON, PHIL
Address: 28361 WINTHROP CIRCLE
City-St-Zip: BONITA SPRINGS, FL 34134

Title: VTD () Delete
Name: VANGUNTEN, BRIGITTE
Address: 28361 WINTHROP CIRCLE
City-St-Zip: BONITA SPRINGS, FL 34134

Title: AT () Delete
Name: HART, STEPHEN
Address: 4985 EAST TAMiami TRAIL
City-St-Zip: NAPLES, FL 34113

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: VTD (X) Change () Addition
Name: VANGUNTEN, BRIGITTE
Address: 28621 STARBOARD PSG WAY
City-St-Zip: BONITA SPRINGS, FL 34134

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

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

Title: VPD (X) Change () Addition
Name: JOHNSON, PHIL
Address: 28561 WINTHROP CIRCLE
City-St-Zip: BONITA SPRINGS, FL 34134

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

Title: D () Change (X) Addition
Name: CAPISTRANT, GENE
Address: 3837 ESSEX PLACE SW
City-St-Zip: BONITA SPRINGS, FL 34134

I hereby certify that the information supplied with this filing does not qualify for the 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: BRUCE MAZZOLA

PD

04/26/2006

Electronic Signature of Signing Officer or Director

Date