## 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# N05437

FILED Apr 20, 2007 Secretary of State

Entity Name: VANDERBILT COMMUNITY SERVICES ASSOCIATION, INC.

Current Principal Place of Business:		New Prince	New Principal Place of Business:	
	OP CIRCLE SPRINGS, FL 34134 US			
Current Mailing Address:		New Maili	New Mailing Address:	
P.O. BOX 8990 NAPLES, FL 34101 US		4985 TAM	COLLIER FINANCIAL, INC. 4985 TAMIAMI TRAIL E. NAPLES, FL 34113 US	
FEI Number	r: 59-2747303 FEI Number Applied For ( ) F	El Number Not App	licable ( ) Certificate of Status Desired ( )	
Name and	d Address of Current Registered Agent:	Name and	Address of New Registered Agent:	
COLLIER 4985 EAS NAPLES, The above	TEPHEN P FINANCIAL, INC TTAMIAMI TRAIL FL 34113 US e named entity submits this statement for the purp- te of Florida.	ose of changing i	its registered office or registered agent, or both,	
SIGNATU	RE:			
	Electronic Signature of Registered Agent		Date	
OFFICERS AND DIRECTORS:		ADDITION	ADDITIONS/CHANGES TO OFFICERS AND DIRECTOR	
Title: Name: Address: City-St-Zip:	VTD ( ) Delete VANGUNTEN, BRIGITTE 28621 STARBOARD PSG WAY BONITA SPRINGS, FL 34134	Title: Name: Address: City-St-Zip:	()Change ()Addition	
Title: Name: Address: City-St-Zip:	PD ( ) Delete MAZZOLA, BRUCE 28191 WINTHROP CIR SW BONITA SPRINGS, FL 34134	Title: Name: Address: City-St-Zip:	( ) Change ( ) Addition	
Title:	VPS ( ) Delete JOHNSON, PHIL	Title: Name:	VD (X) Change ( ) Addition FOX, HANK 28691 WINTHROP CIRCLE SW	
Name: Address: City-St-Zip:	28361 WINTHROP CIRCLE BONITA SPRINGS, FL 34134	Address: City-St-Zip:	BONITA SPRINGS, FL 34134	
Address:				
Address: City-St-Zip: Title: Name: Address:	BONITA SPRINGS, FL 34134  VPD ( ) Delete JOHNSON, PHIL 28561 WINTHROP CIRCLE	City-St-Zip: Title: Name: Address:	BONITA SPRINGS, FL 34134  D (X) Change ( ) Addition STABILE, ROBERT 3668 SAYBROOK PLACE S	

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 04/20/2007