

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 28, 2008 8:00 am**  
**Secretary of State**

04-28-2008 90343 044 \*\*\*\*61.25

<b>DOCUMENT # N06000009897</b>			
<b>1. Entity Name</b> THE OFFICES AT VANDERBILT CONDOMINIUM ASSOCIATION, INC.			
<b>Principal Place of Business</b> 27499 RIVERVIEW CENTER BLVD SUITE 134 BONITA SPRINGS, FL 34134		<b>Mailing Address</b> 27499 RIVERVIEW CENTER BLVD SUITE 134 BONITA SPRINGS, FL 34134	
<b>2. Principal Place of Business - No P.O. Box #</b> 28089 VANDERBILT DR. Suite, Apt. #, etc. SUITE #104 City & State BONITA SPRINGS FL. Zip 34134 Country LEE		<b>3. Mailing Address</b> 28089 VANDERBILT DR. Suite, Apt. #, etc. SUITE #104 City & State BONITA SPRINGS FL. Zip 34134 Country LEE	
<b>4. FEI Number</b> 20-8024608		<b>Applied For</b> <input type="checkbox"/> Not Applicable	
<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> OMNI MANAGEMENT SERVICES 27499 RIVERVIEW CENTER BLVD SUITE 134 BONITA SPRINGS, FL 34134		<b>7. Name and Address of New Registered Agent</b> Name <u>JOSEPH PALADINO</u> Street Address (P.O. Box Number is Not Acceptable) 28089 VANDERBILT DR. SUITE #104 City <u>BONITA SPRINGS</u> <u>FL</u> Zip Code <u>34134</u>	
<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 <small>Signature typed or printed name of registered agent and title if applicable.</small>		<u>JOSEPH PALADINO</u> <small>NOTE: Registered Agent signature required when reinstating)</small>	
<b>Filing Fee is \$61.25</b> <b>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>	
TITLE <u>PD</u> <input type="checkbox"/> Delete NAME <u>HUNT, STEVEN C</u> STREET ADDRESS <u>4061 BONITA BEACH ROAD, SUITE 201</u> CITY-ST-ZIP <u>BONITA SPRINGS, FL 34134</u>	TITLE <u>PD</u> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition NAME <u>HUNT, STEVEN C</u> STREET ADDRESS <u>28089 VANDERBILT DR. STE #201</u> CITY-ST-ZIP <u>BONITA SPRINGS FL 34134</u>		
TITLE <u>VD</u> <input type="checkbox"/> Delete NAME <u>PALADINO, CHRISTOPHER</u> STREET ADDRESS <u>4061 BONITA BEACH ROAD, SUITE 201</u> CITY-ST-ZIP <u>BONITA SPRINGS, FL 34134</u>	TITLE <u>VD</u> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition NAME <u>PALADINO, CHRISTOPHER</u> STREET ADDRESS <u>28089 VANDERBILT DR. STE #104</u> CITY-ST-ZIP <u>BONITA SPRINGS, FL 34134</u>		
TITLE <u>SD</u> <input type="checkbox"/> Delete NAME <u>O'LEARY, JAMES L</u> STREET ADDRESS <u>3461 BONITA BAY BOULEVARD SUITE 220</u> CITY-ST-ZIP <u>BONITA SPRINGS, FL 34134</u>	TITLE <u>SD</u> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition NAME <u>O'LEARY, JAMES L</u> STREET ADDRESS <u>28089 VANDERBILT DR. STE #202</u> CITY-ST-ZIP <u>BONITA SPRINGS, FL 34134</u>		
TITLE <u>TD</u> <input type="checkbox"/> Delete NAME <u>OTT, KEITH H</u> STREET ADDRESS <u>24709 RODAS DRIVE</u> CITY-ST-ZIP <u>BONITA SPRINGS, FL 34135</u>	TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME <input type="checkbox"/> Change <input type="checkbox"/> Addition STREET ADDRESS <input type="checkbox"/> Change <input type="checkbox"/> Addition CITY-ST-ZIP <input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE <input type="checkbox"/> Delete NAME <input type="checkbox"/> Change <input type="checkbox"/> Addition STREET ADDRESS <input type="checkbox"/> Change <input type="checkbox"/> Addition CITY-ST-ZIP <input type="checkbox"/> Change <input type="checkbox"/> Addition	TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME <input type="checkbox"/> Change <input type="checkbox"/> Addition STREET ADDRESS <input type="checkbox"/> Change <input type="checkbox"/> Addition CITY-ST-ZIP <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>			
SIGNATURE:		<u>CHRISTOPHER PALADINO</u> <u>4/23/08</u> <u>239-273-0611</u> <small>Signature AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>	