


3-16-98 D-3280-C  
**FILE NOW: FILING FEE IS \$61.25**

**FILED**  
**Mar 16 1998 8:00am**  
**Secretary of State**

NONPROFIT CORPORATION ANNUAL REPORT **1998**



FLORIDA DEPARTMENT OF STATE  
**Sandra B. Mortham**  
 Secretary of State  
 DIVISION OF CORPORATIONS

**DOCUMENT # N20072 (7)**  
 1. Corporation Name  
**CARMEL AT VANDERBILT LAKES RESIDENTS ASSOCIATION, INC.**

Principal Place of Business: **886 110TH AVENUE NORTH SUITE 7 NAPLES FL 34108**  
 Mailing Address: **886 110TH AVENUE NORTH SUITE 7 NAPLES FL 34108**



2. Principal Place of Business (21) Suite, Apt. #, etc. (22) City & State (23) Zip (24) Country (25)  
 2a. Mailing Address (26) Suite, Apt. #, etc. (27) City & State (28) Zip (29) Country (30)

3. Date Incorporated or Qualified: **04/10/1987**  
 4. FEI Number: **65-0008677** Applied For:  Not Applicable:   
 5. Certificate of Status Desired:  **\$8.75 Additional Fee Required**  
 6. Election Campaign Financing Trust Fund Contribution:  **\$5.00 May Be Added to Fees**  
 7. Is this nonprofit corporation a homeowners association?  Yes  No  
 8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30.  Yes  No

9. Name and Address of Current Registered Agent  
**WARNER, BRYAN J**  
**886 110TH AVENUE NORTH SUITE 7 NAPLES FL 34108**

10. Name and Address of New Registered Agent  
 81 Name  
 82 Street Address (P.O. Box Number is Not Acceptable)  
 83  
 84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_  
 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD SMITH, JULIA	<input checked="" type="checkbox"/> DELETE	1.1 TITLE
NAME	28724 CARMEL WAY		Nancy Brooks <b>DS</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	BONITA SPRINGS FL 34134		1.2 NAME
CITY-ST-ZIP			28702 Carmel Way
TITLE	PD DROPPS, EDWIN	<input checked="" type="checkbox"/> DELETE	1.3 STREET ADDRESS
NAME	28759 CARMEL WAY		Bonita Springs, FL 34134
STREET ADDRESS	BONITA SPRINGS FL 34134		1.4 CITY-ST-ZIP
CITY-ST-ZIP			2.1 TITLE
TITLE	SD MODESTINE, CHARLOTTE	<input checked="" type="checkbox"/> DELETE	Mrs. Clare Fanta <b>D</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	28758 CARMEL WAY		2.2 NAME
STREET ADDRESS	BONITA SPRINGS FL 34134		Director
CITY-ST-ZIP			805 Windrush Dr.
TITLE	D BROOKS, NANCY	<input type="checkbox"/> DELETE	2.3 STREET ADDRESS
NAME	28702 CARMEL WAY		Westlake, OH 44145
STREET ADDRESS	BONITA SPRINGS FL 34134		2.4 CITY-ST-ZIP
CITY-ST-ZIP			3.1 TITLE
TITLE	D FANTA, FRANK	<input checked="" type="checkbox"/> DELETE	Director <b>DP</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	28774 CARMEL WAY		3.2 NAME
STREET ADDRESS	BONITA SPRINGS FL 34134		28784 Carmel Way
CITY-ST-ZIP			3.3 STREET ADDRESS
TITLE	D NEALE, TOM	<input checked="" type="checkbox"/> DELETE	Bonita Springs, FL 34134
NAME	28725 CARMEL WAY		3.4 CITY-ST-ZIP
STREET ADDRESS	BONITA SPRINGS FL 34134		4.1 TITLE
CITY-ST-ZIP			Mr. Dick Blomquist <b>DT</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE			4.2 NAME
NAME			Treasurer
STREET ADDRESS			1250 Benton St.
CITY-ST-ZIP			Anoka, MN 55303
TITLE			4.3 STREET ADDRESS
NAME			4.4 CITY-ST-ZIP
STREET ADDRESS			5.1 TITLE
CITY-ST-ZIP			Stephen J. Del Corso <b>DVP</b> <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE			5.2 NAME
NAME			Vice President
STREET ADDRESS			28786 Carmel Way
CITY-ST-ZIP			Bonita Springs, FL 34134
TITLE			5.3 STREET ADDRESS
NAME			5.4 CITY-ST-ZIP
STREET ADDRESS			6.1 TITLE
CITY-ST-ZIP			<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE			6.2 NAME
NAME			6.3 STREET ADDRESS
STREET ADDRESS			6.4 CITY-ST-ZIP
CITY-ST-ZIP			

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: \_\_\_\_\_ DATE: 3/16/98 9:01-9:47-311D

CR2E037 (10/97)