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NONPROFIT CORPORATION ANNUAL REPORT

1999

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

103164 . 90084 . 6 22 4 *

DOCUMENT # **N20072**

1. Corporation Name

CARMEL AT VANDERBILT LAKES RESIDENTS ASSOCIATION , INC.

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

2. Principal Place of Business 21	2a. Mailing Address 26	3. Date Incorporated or Qualifed 04/10/1987
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	4. FEI Number 65-0008677 ☐ Applied For ☐ Not Applicable
City & State 23	City & State 28	5. Certifcate of Status Desired ☐ **$8.75** Additional Fee Required
Zip 24 Country 25	Zip 29 Country 30	6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

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	DS	☒ DELETE	1.1 TITLE	PD	☐ Change ☒ Addition
NAME	BROOKS, NANCY		1.2 NAME	Donald Brown	
STREET ADDRESS	28702 CARMEL WY		1.3 STREET ADDRESS	President	
CITY-ST-ZIP	BONITA SPRINGS FL 34134		1.4 CITY-ST-ZIP	28784 Carmel Way Bonita Springs, Fl 34134	
TITLE	D	☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	FANTA, CLARE		2.2 NAME		
STREET ADDRESS	805 CARMEL WY		2.3 STREET ADDRESS		
CITY-ST-ZIP	WESTLAKE OH 44145		2.4 CITY-ST-ZIP		
TITLE	DP	☒ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME	MODESTINE, CHARLOTTE		3.2 NAME		
STREET ADDRESS	28784 CARMEL WY		3.3 STREET ADDRESS		
CITY-ST-ZIP	BONITA SPRINGS FL 34134		3.4 CITY-ST-ZIP		
TITLE	DT	☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME	BLOMQUIST, DICK		4.2 NAME		
STREET ADDRESS	1250 BENTON ST		4.3 STREET ADDRESS		
CITY-ST-ZIP	ANOKA MN 55303		4.4 CITY-ST-ZIP		
TITLE	DVP	☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME	DEL CORSO, STEPHEN J		5.2 NAME		
STREET ADDRESS	28786 CARMEL WY		5.3 STREET ADDRESS		
CITY-ST-ZIP	BONITA SPRINGS FL 34134		5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

CR2E037 (11/98)

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, with all other like empowered.

SIGNATURE: X SIGNATURE REQUIRED 1/14/99 941-591-1900
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #