


FILE NOW: FILING FEE IS \$61.25

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Feb 23, 1999 8:00 am
Secretary of State

02-23-1999 90084 022 ****61.25

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NONPROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N20072

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
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2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified 04/10/1987
21. Suite, Apt. #, etc.	26. Suite, Apt. #, etc.	4. FEI Number 65-0008677
22. City & State	27. City & State	Applied For Not Applicable
23. Zip	28. Zip	5. Certificate of Status Desired <input type="checkbox"/>
Country	Country	\$8.75 Additional Fee Required
24. Zip	29. Zip	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>
25. Country	30. Country	\$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	85. Zip Code
82. Street Address (P.O. Box Number is Not Acceptable)	FL
83.	
84. City	

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

TITLE	DS	<input checked="" type="checkbox"/> DELETE
NAME	BROOKS, NANCY	
STREET ADDRESS	28702 CARMEL WY	
CITY-ST-ZIP	BONITA SPRINGS FL 34134	
TITLE	D	<input type="checkbox"/> DELETE
NAME	FANTA, CLARE	
STREET ADDRESS	805 CARMEL WY	
CITY-ST-ZIP	WESTLAKE OH 44145	
TITLE	DP	<input checked="" type="checkbox"/> DELETE
NAME	MODESTINE, CHARLOTTE	
STREET ADDRESS	28784 CARMEL WY	
CITY-ST-ZIP	BONITA SPRINGS FL 34134	
TITLE	DT	<input type="checkbox"/> DELETE
NAME	BLOMQUIST, DICK	
STREET ADDRESS	1250 BENTON ST	
CITY-ST-ZIP	ANOKA MN 55303	
TITLE	DVP	<input type="checkbox"/> DELETE
NAME	DEL CORSO, STEPHEN J	
STREET ADDRESS	28786 CARMEL WY	
CITY-ST-ZIP	BONITA SPRINGS FL 34134	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	Donald Brown
1.3 STREET ADDRESS	28784 Carmel Way
1.4 CITY-ST-ZIP	Bonita Springs, FL 34134
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

Donald Brown

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 19.07(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 *1/11/99* *941-591-1800*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E037 (11/98)