

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 30, 2001 8:00 am
Secretary of State
 04-30-2001 90097 019 *****61.25

DOCUMENT # N20072

1. Entity Name

CARMEL AT VANDERBILT LAKES RESIDENTS ASSOCIATION

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

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

65-0008677

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

**\$8.75 Additional
 Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**WARNER, BRYAN J
 886 110TH AVENUE NORTH
 SUITE 7
 NAPLES FL 34108**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW:
 FEE IS \$61.25**

9. Election Campaign Financing
 Trust Fund Contribution. ☐

**\$5.00 May Be
 Added to Fees**

**Make Check Payable to
 Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BROWN, DONALD 28784 CARMEL WAY BONITA SPRINGS FL 34134	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LEAHEY, BARB 160 KING CAESAR RD DUXBURY MA 02332	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P BLOMQUIST, DICK 1250 BENTON ST ANOKA MN 55303	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CAMPBELL, DUNCAN 28778 CARMEL WAY BONITA SPRINGS FL 34134	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD SIMONETTI, GENE 392 HICKORY LANE WESTERVILLE OH 34081	☒ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD BULLOCK, JACK 28780 CARMEL WAY BONITA SPRINGS FL 34134	☒ Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	S/T/D VAHLKAMP, DAVE 28708 CARMEL WAY BONITA SPRINGS, FL 34134	☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P/D DEL CORSO, STEPHEN 28786 CARMEL WAY BONITA SPRINGS, FL 34134	☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BLOMQUIST, DICK 28760 CARMEL WAY BONITA SPRINGS, FL 34134	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V/D CAMPBELL, DUNCAN 28778 CARMEL WAY BONITA SPRINGS, FL 34134	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V/D BIRTHRIGHT, WILLIAM 28718 CARMEL WAY BONITA SPRINGS, FL 34134	☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition

12. 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 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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (10/00)