

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 06, 2002 8:00 am
Secretary of State

05-06-2002 90293 050 ****61.25

DOCUMENT # N20072

1. Entity 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

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-0008677

Applied For

Not Applicable

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 **D** ☒ Delete
 NAME **BROWN, DONALD**
 STREET ADDRESS **28784 CARMEL WAY**
 CITY-ST-ZIP **BONITA SPRINGS FL 34134**

TITLE **D** ☐ Change ☒ Addition
 NAME **MODESTINE, CHARLOTTE**
 STREET ADDRESS **28758 Carmel Way**
 CITY-ST-ZIP **Bonita Springs, FL 34134**

TITLE **D** ☒ Delete
 NAME **LEAHEY, BARB**
 STREET ADDRESS **160 KING CAESAR RD**
 CITY-ST-ZIP **DUXBURY MA 02332**

TITLE **D** ☐ Change ☒ Addition
 NAME **UNWIN, WILLIAM**
 STREET ADDRESS **28778 Carmel Way**
 CITY-ST-ZIP **Bonita Springs, FL 34134**

TITLE **P** ☐ Delete
 NAME **BLOMQUIST, DICK**
 STREET ADDRESS **28760 CARMEL WAY**
 CITY-ST-ZIP **BONITA SPRINGS FL 34134**

TITLE **STD** ☒ Change ☐ Addition
 NAME **BLOMQUIST, DICK**
 STREET ADDRESS **28760 Carmel Way**
 CITY-ST-ZIP **Bonita Springs, FL 34134**

TITLE **VD** ☒ Delete
 NAME **CAMPBELL, DUNCAN**
 STREET ADDRESS **28778 CARMELWAY**
 CITY-ST-ZIP **BONITA SPRINGS FL 34134**

TITLE **VD** ☐ Change ☒ Addition
 NAME **SLATON, FRANK**
 STREET ADDRESS **28777 Carmel Way**
 CITY-ST-ZIP **Bonita Springs, FL 34134**

TITLE **STD** ☒ Delete
 NAME **VAHLKAMP, DAVE**
 STREET ADDRESS **28708 CARMEL WAY**
 CITY-ST-ZIP **BONITA SPRINGS FL 34134**

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **PD** ☒ Delete
 NAME **DEL CORSO, STEPHEN**
 STREET ADDRESS **28786 CARMEL WAY**
 CITY-ST-ZIP **BONITA SPRINGS FL 34134**

TITLE **PD** ☐ Change ☒ Addition
 NAME **BIRTHRIGHT, WILLIAM**
 STREET ADDRESS **28718 Carmel Way**
 CITY-ST-ZIP **Bonita Springs, FL 34134**

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:

William Birthright
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/16/02

Date

Daytime Phone #

941-403-7777-375

CR2E037 (9/01)