



**2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**May 03, 2005 8:00 am**  
**Secretary of State**

05-03-2005 90068 045 \*\*\*\*61.25

<b>DOCUMENT # N20072</b>					
1. Entity 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			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country	Zip		Country
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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
<b>Filing Fee is \$61.25 Due by May 1, 2005</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00</b> May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	D	<input checked="" type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MODESTINE, CHARLOTTE		NAME		
STREET ADDRESS	28758 CARMEL WAY		STREET ADDRESS		
CITY-ST-ZIP	BONITA SPRINGS, FL 34134		CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME			NAME	P Brady Holderread	
STREET ADDRESS			STREET ADDRESS	28722 Carmel Way	
CITY-ST-ZIP			CITY-ST-ZIP	Bonita Springs FL 34134	
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME			NAME	VP William Barthright	
STREET ADDRESS			STREET ADDRESS	28718 Carmel Way	
CITY-ST-ZIP			CITY-ST-ZIP	Bonita Springs FL 34134	
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
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 trustee 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: 		Date: 4/27/05		Daytime Phone #: 229-591-1800	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					