

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N20072

FILED
Apr 13, 2007
Secretary of State

Entity Name: CARMEL AT VANDERBILT LAKES RESIDENTS ASSOCIATION, INC.

Current Principal Place of Business:

CARMEL WAY
BONITA SPRINGS, FL 34134

New Principal Place of Business:

Current Mailing Address:

PO BOX 7414
NAPLES, FL 34101

New Mailing Address:

COLLIER FINANCIAL, INC.
4985 TAMIAMI TRAIL E.
NAPLES, FL 34113

FEI Number: 65-0008677

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BLANCHARD, JOHN
EAGLE PROPERTY MANAGEMENT
1337 EGRETS LANDING #102
NAPLES, FL 34108 US

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: TD () Delete
Name: HOLDERREAD, BRADY
Address: 28722 CARMEL WAY
City-St-Zip: BONITA SPRINGS, FL 34134

Title: SD () Delete
Name: BIRTHRIGHT, WILLIAM
Address: 28718 CARMEL WAY
City-St-Zip: BONITA SPRINGS, FL 34134

Title: VD () Delete
Name: SLATON, FRANK
Address: 28777 CARMEL WAY
City-St-Zip: BONITA SPRINGS, FL 34134

Title: PD () Delete
Name: SIMONETTI, GENE
Address: 28772 CARMEL WAY
City-St-Zip: BONITA SPRINGS, FL 34134

Title: SD () Delete
Name: FRANCIS, LORI
Address: 28723 CARMEL WAY
City-St-Zip: BONITA SPRINGS, FL 34134

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: VD (X) Change () Addition
Name: WELCH, JUDITH
Address: 28768 CARMEL WAY
City-St-Zip: BONITA SPRINGS, FL 34134

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: VD (X) Change () Addition
Name: FRANCIS, LORI
Address: 28723 CARMEL WAY
City-St-Zip: BONITA SPRINGS, FL 34134

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: GENE SIMONETTI

PD

04/13/2007

Electronic Signature of Signing Officer or Director

Date