

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N20072

FILED  
Apr 28, 2008  
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:**

886 110TH AVENUE NORTH  
SUITE #7  
NAPLES, FL 34108

**Current Mailing Address:**

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

**New Mailing Address:**

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: WELCH, JUDITH  
Address: 28768 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: VD ( ) 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: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

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

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

I hereby certify that the information supplied with this filing does not qualify 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

04/28/2008

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date