## 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

## FILED May 03, 2007 08:00 A Secretary of State DOCUMENT # N26958 1. Entity Name VANDERBILT VILLAS HOMEOWNERS ASSOCIATION, INC. Principal Place of Business Mailing Address 565 ROMÁ COURT 565 ROMA COURT NAPLES FL 34110 NAPLES FL 34110 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E037 (10/06) City & Stato City & Stato 4. FEI Number Applied For 65-0116136 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Cortificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Namo HENDERSON, VIOLENE A Street Address (P.O. Box Number is Not Acceptable) 565 ROMA ACT NAPLES FL 34110 City 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. 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 Make Check Payable to **\$5.00** May Be $\Box$ Trust Fund Contribution. Due By May 1, 2007 Added to Fees Florida Department of State. 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 11. RHIE ☐ Delete TITLE Change ☐ Addition NAM( GLEASON, TERRY NAM U00000780715 STREET ADDRESS 586 ROME CT STREET ADDRESS 05/25/07-80022-025 61.25 CITY-S1-ZIP NAPLES FL 34110 CHY-SI-ZIP TITLE ☐ Delete Change TITLE ☐ Addition LAGRASTA, NICHOLAS NAME STREET ADDRESS 560 ROME CT STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP NAPLES FL 34110 Defete TD Change Addition NAM HENDERSON, VIOLENE A STREET ADDRESS STREET ADDRESS 565 ROMA CT CHTY-ST-ZIP CHY-ST-ZIP NAPLES FL 34110 DILLE ☐ Delete TITLE ☐ Addition ☐ Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP THE ☐ Delele TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP THEF. ☐ Delete THE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP

SIGNATURE: VICENTE A. HENDERSON 4 29 07 239-593-4897

12. I hereby certify that the information supplied with this filing coas not qualify for the exemptions contained in Section 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and acculate 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 repeiver 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.