

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N26958

FILED
Apr 15, 2009
Secretary of State

Entity Name: VANDERBILT VILLAS HOMEOWNERS ASSOCIATION, INC.

Current Principal Place of Business:

565 ROMA COURT
NAPLES, FL 34110 US

New Principal Place of Business:

Current Mailing Address:

565 ROMA COURT
NAPLES, FL 34110 US

New Mailing Address:

FEI Number: 65-0116136

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

HENDERSON, VIOLENE A
565 ROMA ACT
NAPLES, FL 34110 US

Name and Address of New Registered Agent:

HENDERSON, VIOLETTE A
565 ROMA ACT
NAPLES, FL 34110 US

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: VIOLETTTE A HENDERSON

04/15/2009

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: GLEASON, TERRY
Address: 586 ROME CT
City-St-Zip: NAPLES, FL 34110

Title: V () Delete
Name: LAGRASTA, NICHOLAS
Address: 560 ROME CT
City-St-Zip: NAPLES, FL 34110

Title: TD () Delete
Name: HENDERSON, VIOLENE A
Address: 565 ROMA CT
City-St-Zip: NAPLES, FL 34110

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

Title: TD (X) Change () Addition
Name: HENDERSON, VIOLETTE A
Address: 565 ROMA CT
City-St-Zip: NAPLES, FL 34110

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: VIOLETTE A HENDERSON

TREA

04/15/2009

Electronic Signature of Signing Officer or Director

Date