

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT 1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **N30349 (7)**
1. Corporation Name
VANDERBILT LAKES II HOMEOWNERS ASSOCIATION, INC.



Principal Place of Business: 12996 S CLEVELAND AVE., SUITE 214 FORT MYERS FL 33907
Mailing Address: 12996 S CLEVELAND AVE., SUITE 214 FORT MYERS FL 33907

3. Date Incorporated or Qualified: 01/26/1989
3a. Date of Last Report: 04/28/1995

2. Principal Place of Business: 21 Suite, Apt. #, etc. 22 28801 Winthrop Cir
23 City & State: BONITA SPRINGS
24 Zip: 33923 25 Country: USA
26 Mailing Address: 26 Suite, Apt. #, etc. 27 P.O. Box 8990
28 City & State: NAPLES FL.
29 Zip: 33941 30 Country: U.S.A. COLLEGE

4. FEI Number: 65-0135182
Applied For: Not Applicable
5. Certificate of Status Desired: \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution: \$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes: Yes No

9. Name and Address of Current Registered Agent: HAFELE, DALE G. 5442 HARBOUR CASTLE DR. FORT MYERS FL 33907
10. Name and Address of New Registered Agent: 81 Name: ROBERT ARAKELIAN
82 Street Address (P.O. Box Number is Not Acceptable): 28861 Regis Ct. SW.
83
84 City: BONITA SPRINGS FL 85 Zip Code: 33923

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE: *Robert Arakelian* DATE: 5/9/96
Signature, typed or printed name of registered agent and liber if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DP <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ARAKELIAN, ROBERT	1.2 NAME	
STREET ADDRESS	28861 REGIS CT SW	1.3 STREET ADDRESS	
CITY-ST-ZIP	BONITA SPRINGS FL	1.4 CITY-ST-ZIP	
TITLE	DVP <input checked="" type="checkbox"/> DELETE	2.1 TITLE	VP/D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	JACOBS, JIMMIE L	2.2 NAME	John E Krauss
STREET ADDRESS	28881 REGIS COURT	2.3 STREET ADDRESS	28091 Winthrop Cir SW
CITY-ST-ZIP	BONITA SPRINGS FL	2.4 CITY-ST-ZIP	Bonita Springs, FL 33923
TITLE	DT <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GALLI, JANINE	3.2 NAME	
STREET ADDRESS	28821 TRENTON CT SW	3.3 STREET ADDRESS	
CITY-ST-ZIP	BONITA SPRINGS FL	3.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	100001831461
STREET ADDRESS		5.3 STREET ADDRESS	-05/21/96--01037--006
CITY-ST-ZIP		5.4 CITY-ST-ZIP	***61.25
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Robert Arakelian* DATE: 4/16/96
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Robert ARAKELIAN Date *1941/774-1742* Online Filing #

CR2E037 (12/95)