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Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997



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: 28801 WINTHROP CIR. BONITA SPRINGS FL 33923
Mailing Address: P.O. BOX 8990 NAPLES FL 34101-8990

3. Date Incorporated or Qualified: 01/26/1989
3a. Date of Last Report: 05/01/1996

2. Principal Place of Business (21-24) and 2a. Mailing Address (25-30) fields for Suite, City, State, Zip, and Country.

4. FEI Number: 65-0135182
5. Certificate of Status Desired:
6. Election Campaign Financing:
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes: Yes No

9. Name and Address of Current Registered Agent
ARAKELIAN, ROBERT
28801 WINTHROP CIR.
BONITA SPRINGS FL 33923

10. Name and Address of New Registered Agent (81-85) fields for Name, Street Address, City, and Zip Code.

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: _____ DATE: _____
(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DP	1.1 TITLE	D
NAME	ARAKELIAN, ROBERT	1.2 NAME	JIMMIE LOU JACOBS
STREET ADDRESS	28861 REGIS CT SW	1.3 STREET ADDRESS	28891 REGIS CT. S.W.
CITY-ST-ZIP	BONITA SPRINGS FL	1.4 CITY-ST-ZIP	BONITA SPRINGS FL
TITLE	VPD	2.1 TITLE	D
NAME	KRAUSS, JOHN E	2.2 NAME	TIMMY ADAMS
STREET ADDRESS	28801 WINTHROP CIR.	2.3 STREET ADDRESS	28801 TRETON CT. S.W.
CITY-ST-ZIP	BONITA SPRINGS FL 33923	2.4 CITY-ST-ZIP	BONITA SPRINGS FL
TITLE	DT	3.1 TITLE	D
NAME	GALLI, JANINE	3.2 NAME	JANINE GALLI
STREET ADDRESS	28821 TRENTON CT SW	3.3 STREET ADDRESS	28821 TRENTON CT. S.W
CITY-ST-ZIP	BONITA SPRINGS FL	3.4 CITY-ST-ZIP	BONITA SPRINGS FL
TITLE		4.1 TITLE	
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
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 does not qualify for the exemption stated in Section 119.07(3)(i), 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: *Jimmie Lou Jacobs* 4/5/97 941-774-1142
SIGNATURE AND TYPED OR PRINTED NAME OF BONING OFFICER OR DIRECTOR Date Daytime Phone # 0059270

CR2E037 (9/96)