


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 02, 2008 08:00 AM
Secretary of State

DOCUMENT # N42517		
1. Entity Name VANDERBILT OFFICE PARK OWNER'S ASSOCIATION, INC.		
Principal Place of Business 3960 VIA DEL REY BONITA SPRINGS, FL 34134 US	Mailing Address 3960 VIA DEL REY BONITA SPRINGS, FL 34134 US	



04302008 No Chg-NP CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0260941	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent DESALVO, A.P. 3960 VIA DEL REY BONITA SPRINGS, FL 34134	DO NOT WRITE IN THIS SPACE
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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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

**Filing Fee is \$61.25
Due by May 1, 2008**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

**U00000944781
05/29/08-80113-017 61.25**

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD MINOR, Q. GRADY 3800 VIA DEL RAY BONITA SPRINGS, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD DESALVO, A P 3960 VIA DEL REY BONITA SPRINGS, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD DEAVERS, CHERYL 3920 VIA DEL REY #4 BONITA SPRINGS, FL 34134
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD MULLER, SUSAN 8870 EMERALD ISLE #103 BONITA SPRINGS, FL 34135
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SULTAN, KELLI 8870 EMERALD ISLE #103 BONITA SPRINGS, FL 34135
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Cheryl Deavers*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/30/08
Date Daytime Phone #