


**2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**May 02, 2005 8:00 am**  
**Secretary of State**

05-02-2005 90485 015 \*\*\*\*61.25

<b>DOCUMENT # N96000006247</b>							
1. Entity Name <b>VANDERBILT ESTATES PROPERTY OWNERS ASSOCIATION, INC.</b>							
Principal Place of Business <b>1189 SAWGRASS CORP PARKWAY SUNRISE, FL 33323</b>			Mailing Address <b>1189 SAWGRASS CORP PARKWAY SUNRISE, FL 33323</b>				
2. Principal Place of Business			3. Mailing Address				
Suite, Apt. #, etc.			Suite, Apt. #, etc.				
City & State			City & State				
Zip	Country	Zip	Country	04262005 Chg-NP CR2E037 (10/03)			
4. FEI Number <b>65-0743903</b>				Applied For <input type="checkbox"/> Not Applicable			
5. Certificate of Status Desired <input type="checkbox"/>				<b>\$8.75 Additional Fee Required</b>			
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent				
<b>KATZMAN &amp; KORR 1501 NW 49TH STREET SUITE 202 FORT LAUDERDALE, FL 33309</b>			Name				
			Street Address (P.O. Box Number is Not Acceptable)				
			City		FL	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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____							
<b>Filing Fee is \$61.25 Due by May 1, 2005</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>			
				<b>Make check payable to Florida Department of State</b>			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10				
TITLE NAME	P BILSKER, BOB <input type="checkbox"/> Delete	TITLE NAME	Director Sanantonio, Leah <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition				
STREET ADDRESS	1145 SAWGRASS CORP PKWY	STREET ADDRESS	5660 NW 108 Way				
CITY-ST-ZIP	SUNRISE, FL 33323	CITY-ST-ZIP	Coral Springs, FL 33076				
TITLE NAME	ST CAFFERTY, GAYLE C/O MIAMI MGMT. <input checked="" type="checkbox"/> Delete	TITLE NAME					
STREET ADDRESS	1145 SAWGRASS CORP. PKWY	STREET ADDRESS					
CITY-ST-ZIP	SUNRISE, FL 33323	CITY-ST-ZIP					
TITLE NAME	T FIXELL, GARY C/O MIAMI MGMT <input type="checkbox"/> Delete	TITLE NAME					
STREET ADDRESS	1145 SAWGRASS CORP. PKWY	STREET ADDRESS					
CITY-ST-ZIP	SUNRISE, FL 33323	CITY-ST-ZIP					
TITLE NAME	D GRAHAM, GREGORY <input checked="" type="checkbox"/> Delete	TITLE NAME					
STREET ADDRESS	1145 SAWGRASS CORP. PKWY MGMT	STREET ADDRESS					
CITY-ST-ZIP	SUNRISE, FL 33323	CITY-ST-ZIP					
TITLE NAME		TITLE NAME					
STREET ADDRESS		STREET ADDRESS					
CITY-ST-ZIP		CITY-ST-ZIP					
TITLE NAME		TITLE NAME					
STREET ADDRESS		STREET ADDRESS					
CITY-ST-ZIP		CITY-ST-ZIP					
12. I 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 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: <u>Katrina M. Baska</u>		Date: <u>4/28/05</u>		Daytime Phone #: <u>954-536-492</u>			
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR							