

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N96000006247

FILED
Apr 28, 2009
Secretary of State

Entity Name: VANDERBILT ESTATES PROPERTY OWNERS ASSOCIATION, INC.

Current Principal Place of Business:

1189 SAWGRASS CORP PARKWAY
SUNRISE, FL 33323

New Principal Place of Business:

8317 W. ATLANTIC BLVD.
CORAL SPRINGS, FL 33071

Current Mailing Address:

1189 SAWGRASS CORP PARKWAY
SUNRISE, FL 33323

New Mailing Address:

8317 ATLANTIC BLVD.
CORAL SPRINGS, FL 33071

FEI Number: 65-0743903

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

KATZMAN GARFINKEL, P.A.
1501 N.W. 49TH ST.
SUITE 202
FT. LAUDERDALE, FL 33309 US

Name and Address of New Registered Agent:

ROYAL PROPERTY MANAGEMENT, INC.
8317 W. ATLANTIC BLVD.
CORAL SPRINGS, FL 33071 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: MARILYN LA PORTA

04/28/2009

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: T () Delete
Name: ODIZ, ANNETTE
Address: 5603 NW 107TH AVE
City-St-Zip: CORAL SPRINGS, FL 33071

Title: D (X) Delete
Name: TORRES, CYNTHIA
Address: 5664 N.W. 106TH WAY
City-St-Zip: CORAL SPRINGS, FL 33076

Title: P () Delete
Name: MENENDEZ, S
Address: 5632 N.W. 106 WAY
City-St-Zip: CORAL SPRINGS, FL 33076

Title: VP () Delete
Name: PRUCHILO, VINCENT
Address: 10814 NW 56 COURT
City-St-Zip: CORAL SPRINGS, FL 33076

Title: D () Delete
Name: PARALDO, SANDRA
Address: 5618 NW 107 WAY
City-St-Zip: POMPANO BEACH, FL 33076

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: T (X) Change () Addition
Name: ODIZ, ANNETTE
Address: 5603 NW 107 AVE
City-St-Zip: CORAL SPRINGS, FL 33071

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

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

Title: VP (X) Change () Addition
Name: BAYLINSON, DEBRA
Address: 10660 N W 56TH COURT
City-St-Zip: CORAL SPRINGS, FL 33076

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

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: S. MENENDEZ

PD

04/28/2009

Electronic Signature of Signing Officer or Director

Date