
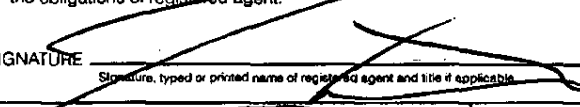



**2003 NOT-FOR-PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Apr 25, 2003 8:00 am
Secretary of State

04-07-2003 90978 018 ****61.25

DOCUMENT # N96000006247							
1. Entity Name VANDERBILT ESTATES PROPERTY OWNERS ASSOCIATION, INC.							
Principal Place of Business 1189 SAWGRASS CORP PARKWAY SUNRISE FL 33323			Mailing Address 1189 SAWGRASS CORP PARKWAY SUNRISE FL 33323				
2. Principal Place of Business		3. Mailing Address					
Suite, Apt. #, etc.		Suite, Apt. #, etc.					
City & State		City & State		4. FEI Number 65-0743903			
Zip		Country		Applied For Not Applicable			
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required			
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent				
KATZMAN & KORR 5581 W OAKLAD PARK BLVD 2ND FLOOR LAUDERHILL FL 33313			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 			Leigh C. Katzman, Esq.		4/2/03		
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reconstituting)			DATE				
FILE NOW: FEE IS \$61.25		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees			
Make Check Payable to Florida Department of State							
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10				
TITLE	TD	<input type="checkbox"/> Delete	TITLE	President T	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	PEEL, LEONARD		NAME	Peel, Leonard			
STREET ADDRESS	10880 NW 58 CT		STREET ADDRESS	1060 NW 56 CT			
CITY-ST-ZIP	CORAL SPRINGS FL 33076		CITY-ST-ZIP	CORAL SPRINGS, FL 33076			
TITLE	TD	<input type="checkbox"/> Delete	TITLE	Vice President Bob Bilsker	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	BILSKER, BOB		NAME	5645 NW 108 Terrace T			
STREET ADDRESS	5645 NW 108 TERRACE		STREET ADDRESS	CORAL SPRINGS FL 33076			
CITY-ST-ZIP	CORAL SPRINGS FL 33076		CITY-ST-ZIP				
TITLE	TD	<input type="checkbox"/> Delete	TITLE	Secretary	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	CAFFERTY, GAYLE		NAME	CAFFERTY, GAYLE T			
STREET ADDRESS	5636 NW 108 WAY		STREET ADDRESS	5636 NW 108 WAY			
CITY-ST-ZIP	CORAL SPRINGS FL 33076		CITY-ST-ZIP	CORAL SPRINGS FL 33076			
TITLE	TD	<input type="checkbox"/> Delete	TITLE	Treasurer	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	FIXELLE, GARY		NAME	Fixelle, Gary T			
STREET ADDRESS	5632 NW 108 TERR		STREET ADDRESS	5632 NW 108 TERR			
CITY-ST-ZIP	CORAL GABLES FL 33076		CITY-ST-ZIP	CORAL SPRINGS FL 33076			
TITLE	D	<input type="checkbox"/> Delete	TITLE	Director	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	GRAHAM, GREGORY		NAME	Graham, Gregory D			
STREET ADDRESS	5652 NW 108 WAY		STREET ADDRESS	5652 NW 108 WAY			
CITY-ST-ZIP	CORAL SPRINGS FL 33076		CITY-ST-ZIP	CORAL SPRINGS, FL 33076			
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME			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)(l), 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: 			SIGNATURE REQUIRED				
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date				
			Daytime Phone #				

CRE037 (10/02)