2002 UNIFORM BUSINESS REPORT (UBR)

changed, or on an attachment with an address,

SIGNATURE

with all other like empowered.

AME OF SIGNAL OFFICER OR D RECTOR

Mar 14, 2002 8:00 am Secretary of State DOCUMENT # **N98000005469** 1. Entity Name VANDERBILT COMMUNITY ASSOCIATION, INC. 03-14-2002 90001 015 ****61.25 Principal Place of Business Mailing Address 8250 DANBURY BLVD 8250 DANBURY BLVD NAPLES FL 34120:-NAPLES FL 34120 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For City & State City & State 4. FEI Number 59-3520481 Not Applicable Zip Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name Ginagei ceptable) CRIBBETT, GLENN 448 C. R. 951 NAPLES FL 34119 34120 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. SIGNATURE NOTE: Registered Agent signature required when reinst 9. Election Campaign Financing Make Check Payable to \$5.00 May Be FILE NOW: FEE IS \$61.25 Trust Fund Contribution. Added to Fees Department of State 10 OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 11. (9/01) TITLE ☐ Delete TITLE DARRAGH, JEFF NAME NAME 8250 Danbury Blud CR2E037 STREET ADDRESS 448 C. R. 951 STREET ADDRESS Naples CITY-ST-ZIP CITY-ST-ZIP NAPLES FL 34119 VPD TITLE ☐ Delete TITLE Change Addition CRIBBETT, GLENN NAME NAME Danbury Blud STREET ADDRESS 448 CR 951 STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP NAPLES FL 34119 TITLE Delete TITLE ☐ Change ☐ Addition COOPER, WILLIAM NAME NAME STREET ADDRESS STREET ADDRESS 8408 NORTH HAMPTON CT CITY-ST-7IP CITY-ST-ZIP NAPLES FL 34120 TITLE Delete TITLE ☐ Change Addition John Ginagey NAME NAME 8250 Dahbung Blud STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Naoles <u>, Fl</u> 34120 ☐ Delete ☐ Change Addition TITLE NAME NAME 8250 Panbury Blud STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete Addition ☐ Change TITLE NAME NAME Gerald Lews 250 Dan bury STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP 12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 19.07(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