## 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

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

1. Entity Name VANDERBILT COMMUNITY ASSOCIATION, INC.								09-02-200	15 90014	048 ****61	1.25
8250 DANBURY BLVD 82			Mailing Address 8250 DANBURY BLVD NAPLES, FL 34120				50064653 -				
2. Principal Place of Business		3. Maii	3. Mailing Address								
Suite, Apt. #, etc.		Sul	Suite, Apt. #, etc.				08252005	Chg-NP	CR2	E037 (10/03)	
City & State		City	City & State				4. FEI Number 59-3520				pplied For ot Applicable
Zip	Country	Zip		Cou -	intry		5. Certificate o	of Status Desire	d 🔲	\$8.75 Ad Fee Require	
	6. Name and Address of 0	Current Registere	d Agent				7. Name and /	Address of Ne	w Register	ed Agent	
BUSH, RO 8250 DANI NAPLES, F	BURY BLVD				Name Street A	ddress (F	P.O. Box Number	r is Not Accept	able)		
	•				City			<del>.</del>	F	Zip Coo	ie
SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered agent and title if applicable.)					d Agent signat	periuper eru	when reinstating)		DA	TE.	
Dı	•	05					\$5.00 May Be	, F	Make ch	eck payable t	
	ue by September 7, 20			Contributi			\$5.00 May Be Added to Fees	F	Make ch	partment of S	itate
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ue by September 7, 20	05 AND DIRECTORS		11. Tifle NAMI	ion.	DT DAV	\$5.00 May Be Added to Fees DDITIONS/CHA	NGES TO OFF	Make ch	partment of S	itate
TITLE NAME STREET ADDRESS	OFFICERS  DT  POPOWICH, ROBERT  8250 DANBURY BLVD		Trust Fund (	TITLE NAMI STRE CITY TITLE NAMI STRE	E E ET ADDRESS -ST-ZIP	DT DAV	\$5.00 May Be Added to Fees DDITIONS/CHA	NGES TO OFF	Make ch	DIRECTORS II	N 10
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	OFFICERS  OFFICERS  DT  POPOWICH, ROBERT  8250 DANBURY BLVD  NAPLES, FL 34120  D  PEDERSON, DAVID  8250 DANBURY BLVD		Trust Fund (	11. TITLE NAMI STRE CITY TITLE NAMI STRE CITY TITLE NAMI STRE CITY TITLE NAMI STRE	E E ET ADDRESS -ST-ZIP E E E ET ADDRESS -ST-ZIP E E E ET ADDRESS -ST-ZIP E E E E E E E E E E E E E E E E E E E	DS LONG 8250	\$5.00 May Be Added to Fees DDITIONS/CHA	NGES TO OFF	Make ch	DIRECTORS II	State N 10 Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS STREET ADDRESS	DT POPOWICH, ROBERT 8250 DANBURY BLVD NAPLES, FL 34120 D PEDERSON, DAVID 8250 DANBURY BLVD NAPLES, FL 34120 D SSMITH, LARRY 8250 DANBURY BLVD		Trust Fund (	11. TITLE NAMI STRE CITY	E E E ET ADDRESS -ST-ZIP E E E E ET ADDRESS -ST-ZIP E E E ET ADDRESS -ST-ZIP E E E ET ADDRESS -ST-ZIP E E E E E E E E E E E E E E E E E E E	DS LONG 8250	\$5.00 May Be Added to Fees DDITIONS/CHA DSON; DEN D DANBUR ES, FL 341	NGES TO OFF	Make ch	DIRECTORS II	State N 10 Addition Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	DESCRIPTION OFFICERS.  DT POPOWICH, ROBERT 8250 DANBURY BLVD NAPLES, FL 34120 D PEDERSON, DAVID 8250 DANBURY BLVD NAPLES, FL 34120 DS SMITH, LARRY 8250 DANBURY BLVD NAPLES, FL 34120 DP BUSH, ROBERT 8250 DANBURY BLVD		Trust Fund (	11. TITLE NAMI STRE CITY	E E ET ADDRESS -ST-ZIP E	DS LONG 8250	\$5.00 May Be Added to Fees DDITIONS/CHA DSON; DEN D DANBUR ES, FL 341	NGES TO OFF	Make ch	DIRECTORS II  Change  Change	State N 10 Addition Addition

12. I hereby certify that the information supplied with this filling 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 attagment with an address, with all other like empowered.

SIGNATURE: