

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 14, 2000 8:00 am
Secretary of State

01-14-2000 90020 033 ****61.25

DOCUMENT # N99000004603

1. Entity Name

VANDERBILT LAGOON VILLAS CONDOMINIUM ASSOCIATION

Principal Place of Business

Mailing Address

C/O KRAMER-TRIAD MANAGEMENT GROUP, LLC
 6732 LONE OAK BLVD.
 NAPLES FL 34109

C/O KRAMER-TRIAD MANAGEMENT GROUP, LLC
 6732 LONE OAK BLVD.
 NAPLES FL 34109-6834

00001768



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

5051 CASTELLO DRIVE

5051 CASTELLO DRIVE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

224

SUITE 224

City & State

City & State

NAPLES

FLORIDA

NAPLES

4. FEI Number

Applied For
 Not Applied

Zip

Country

Zip

Country

34103

COLLIER

34103

COLLIER

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

BOURASSA, PETER R
5051 CASTELLO DRIVE, SUITE 224
NAPLES FL 34103

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

Peter Bourassa

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

1/8/00

FILE NOW:
SEE IS \$61.25

9. Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be Added to Fees

Make Check Payable to Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	D	<input type="checkbox"/> Delete
NAME	BOURASSA, PETER	
STREET ADDRESS	5051 CASTELLO DRIVE, SUITE 224	
CITY-ST-ZIP	NAPLES FL 34103	
TITLE	D	<input type="checkbox"/> Delete
NAME	DARER, ENRIQUE	
STREET ADDRESS	5051 CASTELLO DRIVE, SUITE 224	
CITY-ST-ZIP	NAPLES FL 34103	
TITLE	D	<input type="checkbox"/> Delete
NAME	SCHEINHOLZ, ARTHUR	
STREET ADDRESS	5051 CASTELLO DRIVE, SUITE 224	
CITY-ST-ZIP	NAPLES FL 34103	
TITLE		<input type="checkbox"/> Delete
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STREET ADDRESS		
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:

Peter Bourassa
PETER BOURASSA
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/08/00
 Date

941-403-9255
 Daytime Phone #