

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N99000005683

FILED  
Apr 08, 2009  
Secretary of State

**Entity Name:** REGATTA AT VANDERBILT BEACH II CONDOMINIUM ASSOCIATION, INC.

**Current Principal Place of Business:**

410 FLAGSHIP DR  
NAPLES, FL 34108

**New Principal Place of Business:**

**Current Mailing Address:**

3050 HORSESHOE DR N STE 275  
NAPLES, FL 34104

**New Mailing Address:**

**FEI Number:** 59-3599398

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

KRAMER-TRIAD MANAGEMENT GROUP  
3050 HORSE SHOE DR N  
NAPLES, FL 34104 US

**Name and Address of New Registered Agent:**

VANDALL, BONITA D  
3050 HORSE SHOE DR N  
275  
NAPLES, FL 34104 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: BONITA VANDALL

04/08/2009

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: PD ( ) Delete  
Name: MCDERMOTT, JOE  
Address: 410 FLAGSHIP DR  
City-St-Zip: NAPLES, FL 34108

Title: VPD ( ) Delete  
Name: O'BRIEN, MIKE  
Address: 410 FLAGSHIP DR  
City-St-Zip: NAPLES, FL 34108

Title: STD ( ) Delete  
Name: KAISER, THOMAS  
Address: 410 FLAGSHIP DR 905  
City-St-Zip: NAPLES, FL 34108

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

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

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

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: JOE MCDERMOTT

PRES

04/08/2009

Electronic Signature of Signing Officer or Director

Date