

ANNUAL REPORT (AR)

DOCUMENT # V70630

1. Entity Name
VANDERBILT DEVELOPMENTS, INC.



RECORDED
FILED
JAN 18 2007 08:00 AM
Secretary of State
VANDERBILT DEVELOPMENT

Principal Place of Business
**6000 TAYLOR RD
UNIT 1
NAPLES FL 34109
US**

Mailing Address
**6000 TAYLOR RD
UNIT 1
NAPLES FL 34109
US**



1st MOORE CR2E034 (10/06)

2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **65-0359467**

Applied For
Not Applicable

Zip

Country

Zip

Country

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

**HILGEMAN, RODERICK
176 BAYVIEW AVE.
NAPLES FL 34108**

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 _____

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

(NOTE: Registered Agent signature required when reinstating)

DATE _____

**FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee Will Be \$550.00
Make Check Payable to Florida Department of State**

9. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE: Delete
NAME: **HILGEMAN, RODERICK**
STREET ADDRESS: **6000 TAYLOR RD, UNIT #1**
CITY-STATE-ZIP: **NAPLES FL 34109**

Change Addition
NAME: _____
STREET ADDRESS: _____
CITY-STATE-ZIP: _____
000000596000
01/23/07-80061-022 150.00

TITLE: Delete
NAME: **MORALES, ERIC**
STREET ADDRESS: **176 BAYVIEW AVE.**
CITY-STATE-ZIP: **NAPLES FL 34108**

Change Addition
NAME: _____
STREET ADDRESS: _____
CITY-STATE-ZIP: _____

TITLE: Delete
NAME: _____
STREET ADDRESS: _____
CITY-STATE-ZIP: _____

Change Addition
NAME: _____
STREET ADDRESS: _____
CITY-STATE-ZIP: _____

TITLE: Delete
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TITLE: Delete
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CITY-STATE-ZIP: _____

Change Addition
NAME: _____
STREET ADDRESS: _____
CITY-STATE-ZIP: _____

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, 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 607, 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: *R. Hilgeman*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-19-07 239-566-1616
Date Daytime Phone