

**2023 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N20072

**FILED**  
**Jun 22, 2023**  
**Secretary of State**  
**2947683754CC**

**Entity Name:** CARMEL AT VANDERBILT LAKES RESIDENTS ASSOCIATION, INC.

**Current Principal Place of Business:**

CARMEL WAY  
BONITA SPRINGS, FL 34134

**Current Mailing Address:**

PMI GULF COAST  
1004 COLLIER CENTER WAY STE 105  
NAPLES, FL 34110 US

**FEI Number:** 65-0008677

**Certificate of Status Desired:** No

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

COLLIER FINANCIAL  
PMI GULF COAST  
1004 COLLIER CENTER WAY. STE 105  
NAPLES, FL 34110 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:** FRANK PARRISH

06/22/2023

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title	PD	Title	SD
Name	BIRTHRIGHT, BILL	Name	WELCH, JUDY
Address	COLLIER FINANCIAL 4985 TAMIAMI TRAIL E.	Address	COLLIER FINANCIAL 4985 TAMIAMI TRAIL E.
City-State-Zip:	NAPLES FL 34113	City-State-Zip:	NAPLES FL 34113
Title	TD	Title	VPD
Name	RAEPPLE KOEHLER, DONNA	Name	RICHLAK, JAMES
Address	COLLIER FINANCIAL 4985 TAMIAMI TRAIL E.	Address	COLLIER FINANCIAL 4985 TAMIAMI TRAIL E.
City-State-Zip:	NAPLES FL 34113	City-State-Zip:	NAPLES FL 34113
Title	D		
Name	HAGSTROM, LYNN		
Address	COLLIER FINANCIAL 4985 TAMIAMI TRAIL E.		
City-State-Zip:	NAPLES FL 34113		

*I hereby 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 all other like empowered.*

**SIGNATURE:** BILL BIRTHRIGHT

PRESIDENT

06/22/2023

Electronic Signature of Signing Officer/Director Detail

Date