2021 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N30349

Entity Name: VANDERBILT LAKES II HOMEOWNERS ASSOCIATION, INC.

FILED
Apr 22, 2021
Secretary of State
7530312230CC

Current Principal Place of Business:

C/O RESORT MANAGEMENT 2685 HORSESHOE DR. SOUTH #215 NAPLES, FL 34104

Current Mailing Address:

C/O RESORT MANAGEMENET 2685 HORSESHOE DR. SOUTH #215 NAPLES, FL 34104 US

FEI Number: 65-0135182 Certificate of Status Desired: No

Name and Address of Current Registered Agent:

RESORT MANAGEMENT C/O RESORT MANAGEMENT 2685 HORSESHOE DRIVE SOUTH STE 215 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: ROBERT ROSENOW 04/22/2021

Electronic Signature of Registered Agent Date

Officer/Director Detail:

Title TREASURER Title VP

Name ZIEGLER, PAMELA Name HICKS, LUCKY

Address C/O RESORT MANAGEMENT Address C/O RESORT MANAGEMENT

2685 HORSESHOE DR. SOUTH #215 2685 HORSESHOE DR. SOUTH #215

City-State-Zip: NAPLES FL 34104 City-State-Zip: NAPLES FL 34104

TitleSECRETARYTitlePRESIDENTNameBRET, BEEBENameJONES, HANK

Address C/O RESORT MANAGEMENT Address C/O RESORT MANAGEMENT

2685 HORSESHOE DR. SOUTH #215 2685 HORSESHOE DR. SOUTH #215

City-State-Zip: NAPLES FL 34104 City-State-Zip: NAPLES FL 34104

Title DIRECTOR

Name COMMENDATORE, JOSEPH
Address C/O RESORT MANAGEMENT

2685 HORSESHOE DR. SOUTH #215

City-State-Zip: NAPLES FL 34104

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: HANK JONES PRESIDENT 04/22/2021