

**FILE NOW: FILING FEE IS \$61.25**

NONPROFIT CORPORATION ANNUAL REPORT 1996



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # **730625** (1)  
1. Corporation Name  
**VANDERBILT BEACH FLOTILLA, INC.**



Principal Place of Business: **C W WHITE, 1806 PRINCESS CT, NAPLES FL 33942, US**  
Mailing Address: **C W WHITE, 1806 PRINCESS CT, NAPLES FL 33942, US**

3. Date Incorporated or Qualified: **09/09/1974**  
3a. Date of Last Report: **01/20/1995**  
4. FEI Number: **65-0135264**  
Applied For:  Not Applicable  
5. Certificate of Status Desired:  **\$8.75 Additional Fee Required**  
6. Election Campaign Financing Trust Fund Contribution:  **\$5.00 May Be Added to Fees**  
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes:  Yes  No

2. Principal Place of Business (21) Suite, Apt. #, etc. (22) City & State (23) Zip (24) Country (25)  
2a. Mailing Address (26) Suite, Apt. #, etc. (27) City & State (28) Zip (29) Country (30)

**9. Name and Address of Current Registered Agent**

**10. Name and Address of New Registered Agent**

**MCDONALD, STANLEY A.  
483 THIRD STREET S.  
NAPLES FL 33940**

81 Name  
82 Street Address (P.O. Box Number is Not Acceptable)  
83  
84 City  
85 Zip Code **FL**

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE: \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE: \_\_\_\_\_

**12. OFFICERS AND DIRECTORS**

|                 |                              |  |
|-----------------|------------------------------|--|
| TITLE           | <b>P</b>                     | <input checked="" type="checkbox"/> DELETE |
| NAME            | <b>JOHNSON, WILLIAM</b>      |  |
| STREET ADDRESS  | <b>793 WALKERBILT RD</b>     |  |
| CITY - ST - ZIP | <b>NAPLES FL 33963</b>       |  |
| TITLE           | <b>ST</b>                    | <input type="checkbox"/> DELETE            |
| NAME            | <b>WHITE, CHARLES W</b>      |  |
| STREET ADDRESS  | <b>1806 PRINCESS CT</b>      |  |
| CITY - ST - ZIP | <b>NAPLES FL</b>             |  |
| TITLE           | <b>VP</b>                    | <input type="checkbox"/> DELETE            |
| NAME            | <b>HEISTEIN, JOHN</b>        |  |
| STREET ADDRESS  | <b>3834 WOODLAKE RD</b>      |  |
| CITY - ST - ZIP | <b>BONITA SPRINGS FL</b>     |  |
| TITLE           | <b>T</b>                     | <input type="checkbox"/> DELETE            |
| NAME            | <b>HELLER, J A</b>           |  |
| STREET ADDRESS  | <b>2064 ALAMANDA BLVD</b>    |  |
| CITY - ST - ZIP | <b>NAPLES FL</b>             |  |
| TITLE           | <b>T</b>                     | <input type="checkbox"/> DELETE            |
| NAME            | <b>BRADBURN, F D</b>         |  |
| STREET ADDRESS  | <b>525 RIDGE DR</b>          |  |
| CITY - ST - ZIP | <b>NAPLES FL</b>             |  |
| TITLE           | <b>T</b>                     | <input type="checkbox"/> DELETE            |
| NAME            | <b>CRANDALL, F G</b>         |  |
| STREET ADDRESS  | <b>26256 IMPERIAL HARBOR</b> |  |
| CITY - ST - ZIP | <b>BONITA SPRINGS FL</b>     |  |

**13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12**

|                     |                                 |  |
|---------------------|---------------------------------|--|
| 1.1 TITLE           | <b>P</b>                        | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| 1.2 NAME            | <b>BROKAW, HAL L.</b>           |  |
| 1.3 STREET ADDRESS  | <b>13050 BRIDGEFORD AVE</b>     |  |
| 1.4 CITY - ST - ZIP | <b>BONITA SPRINGS, FL 33923</b> |  |
| 2.1 TITLE           |                                 | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| 2.2 NAME            |                                 |  |
| 2.3 STREET ADDRESS  |                                 |  |
| 2.4 CITY - ST - ZIP |                                 |  |
| 3.1 TITLE           |                                 | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| 3.2 NAME            |                                 |  |
| 3.3 STREET ADDRESS  |                                 |  |
| 3.4 CITY - ST - ZIP |                                 |  |
| 4.1 TITLE           |                                 | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| 4.2 NAME            |                                 |  |
| 4.3 STREET ADDRESS  |                                 |  |
| 4.4 CITY - ST - ZIP |                                 |  |
| 5.1 TITLE           |                                 | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| 5.2 NAME            |                                 |  |
| 5.3 STREET ADDRESS  |                                 |  |
| 5.4 CITY - ST - ZIP |                                 |  |
| 6.1 TITLE           |                                 | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| 6.2 NAME            |                                 |  |
| 6.3 STREET ADDRESS  |                                 |  |
| 6.4 CITY - ST - ZIP |                                 |  |

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Charles W. White 1/17/96 941-566-1003  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (12/95)