

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**
2a. Mailing Address: **26**
Suite, Apt. #, etc.: **22**
City & State: **23**
Zip: **24** Country: **25**
City & State: **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
FL **85** Zip Code

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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	BROKAW, HAL L.	
1.3 STREET ADDRESS	13050 BRIDGEFORD AVE	
1.4 CITY - ST - ZIP	BONITA SPRINGS, FL 33923	
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)