

FILE NOW: FILING FEE IS \$61.25

FILED

Jan 16 1997 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1997</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # 730625 (1)**

1. Corporation Name  
**VANDERBILT BEACH FLOTILLA, INC.**



Principal Place of Business <b>C W WHITE 1806 PRINCESS CT NAPLES FL 33942 US</b>	Mailing Address <b>C W WHITE 1806 PRINCESS CT NAPLES FL 34110-1002 US</b>
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3. Date Incorporated or Qualified <b>09/09/1974</b>	3a. Date of Last Report <b>01/24/1996</b>
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2. Principal Place of Business <b>21</b>	2a. Mailing Address <b>26</b>
Suite, Apt. #, etc. <b>22</b>	Suite, Apt. #, etc. <b>27</b>
City & State <b>23</b>	City & State <b>28</b>
Zip <b>24</b>	Country <b>25</b>
Zip <b>29</b>	Country <b>30</b>

4. FEI Number <b>65-0135264</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent

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

10. Name and Address of New Registered Agent

<b>81</b> Name
<b>82</b> Street Address (P.O. Box Number is Not Acceptable)
<b>83</b>
<b>84</b> City
<b>85</b> 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 type="checkbox"/> DELETE
NAME	<b>BROKAW, HAL L</b>
STREET ADDRESS	<b>13050 BRIDGEFORD AVE.</b>
CITY-ST-ZIP	<b>BONITA SPRINGS FL</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 checked="" 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 checked="" 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	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
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 checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	<b>TRUSTEE JOHNSON, William</b>
4.3 STREET ADDRESS	<b>798 WALKER BLVD F-11</b>
4.4 CITY-ST-ZIP	<b>NAPLES, FLORIDA</b>
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	<b>TRUSTEE</b>
5.3 STREET ADDRESS	<b>2500 BONSIBOT LANE</b>
5.4 CITY-ST-ZIP	<b>BONITA SPRINGS FL 33920</b>
6.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	<b>TRUSTEE DUNLAP, K.E.</b>
6.3 STREET ADDRESS	<b>27193 BAREFOOT LANE</b>
6.4 CITY-ST-ZIP	<b>BONITA SPRINGS, FLORIDA 33923</b>

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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* **CHARLES W. WHITE** 1/9/97 941-566-1003  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # 0069875

CR2E037 (9/96)