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Feb 05 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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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
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3. Date Incorporated or Qualified 09/09/1974	
4. FEI Number 65-0135264	Applied For <input type="checkbox"/> Not Applicable
6. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

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

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

81 Name	
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	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	BROKAW, HAL L
STREET ADDRESS	13050 BRIDGEFORD AVE.
CITY-ST-ZIP	BONITA SPRINGS FL
TITLE	ST <input type="checkbox"/> DELETE
NAME	WHITE, CHARLES W
STREET ADDRESS	1806 PRINCESS CT
CITY-ST-ZIP	NAPLES FL
TITLE	VP <input checked="" type="checkbox"/> DELETE
NAME	HEISTEN, JOHN
STREET ADDRESS	3834 WOODLAKE RD
CITY-ST-ZIP	BONITA SPRINGS FL
TITLE	T <input type="checkbox"/> DELETE
NAME	JOHNSON, WILLIAM
STREET ADDRESS	783 WALLERBILT ROAD F-11
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	DUNLAP, KE
STREET ADDRESS	27193 BAREFOOT LANE
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	JOHN F. MARSHALL
1.3 STREET ADDRESS	1741 GALLEDON DR
1.4 CITY-ST-ZIP	NAPLES, FLORIDA 34102
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	VP <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	BROKAW, HAL
3.3 STREET ADDRESS	13721 TONBRIDGE DR
3.4 CITY-ST-ZIP	BONITA SPRINGS, FL 34135
4.1 TITLE	T <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	HEISTEN, JOHN
4.3 STREET ADDRESS	3834 WOODLAKE, RD.
4.4 CITY-ST-ZIP	BONITA SPRINGS, FL 34134
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 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 _____

CR2E037 (10/97)