

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 # 753939 (8)  
1. Corporation Name  
VANDERBILT YACHT & RACQUET CLUB CONDOMINIUM ASSO  
CIATION, INC.



Principal Place of Business Mailing Address  
11030 GULF SHORE DRIVE 11030 GULF SHORE DRIVE  
NAPLES FL 33963 NAPLES FL 33963

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified		3a. Date of Last Report	
21		26		08/26/1980		02/06/1995	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number		Applied For	
22		27		59-2429289		Not Applicable	
City & State		City & State		5. Certificate of Status Desired		<input type="checkbox"/> \$8.75 Additional Fee Required	
23		28		6. Election Campaign Financing Trust Fund Contribution		<input type="checkbox"/> \$5.00 May Be Added to Fees	
Zip		Country		Zip		Country	
24		25		29		30	
9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
NIXON, JEANNE 11030 GULF SHORE DR. NAPLES FL 33963				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 Jeanne Nixon - Jeanne Nixon 1/17/96  
Signature, typed or printed name of registered agent and title, if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN '92	
TITLE	DS <input checked="" type="checkbox"/> DELETE	1.1 TITLE	DS <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	CLARK, JEAN	1.2 NAME	Meltzer, David
STREET ADDRESS	8 SAXON WOODS CT	1.3 STREET ADDRESS	11030 Gulf Shore Dr., #1101
CITY-STATE-ZIP	CHESHIRE CT	1.4 CITY-STATE-ZIP	Naples, FL 33963
TITLE	D <input type="checkbox"/> DELETE	2.1 TITLE	DP <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	FOOS, RAYMOND	2.2 NAME	Francke, Glenn A.
STREET ADDRESS	30972 PINEHURST DR	2.3 STREET ADDRESS	30790 Lakewood Drive
CITY-STATE-ZIP	WESTLAKE OH	2.4 CITY-STATE-ZIP	Hartland, WI 53029
TITLE	DT <input type="checkbox"/> DELETE	3.1 TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	STANKARD, RAYMOND	3.2 NAME	Eline, William
STREET ADDRESS	1764 BROOKWOOD DR	3.3 STREET ADDRESS	Landerwood Plaza #238
CITY-STATE-ZIP	AKRON OH	3.4 CITY-STATE-ZIP	Pepper Pike, OH 44124
TITLE	DV <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BOERGER, WALTER	4.2 NAME	
STREET ADDRESS	11030 GULF SHORE DR #301	4.3 STREET ADDRESS	
CITY-STATE-ZIP	NAPLES F	4.4 CITY-STATE-ZIP	
TITLE	D <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FISHER, ROBERT	5.2 NAME	
STREET ADDRESS	610 COLUMBUS AVE	5.3 STREET ADDRESS	
CITY-STATE-ZIP	SANDUSKY OH	5.4 CITY-STATE-ZIP	
TITLE	D <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	REINECKER, CHARLES	6.2 NAME	
STREET ADDRESS	5218 SCENERY DR	6.3 STREET ADDRESS	
CITY-STATE-ZIP	PITTSBURGH PA	6.4 CITY-STATE-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: Walter Boerger 1/17/96 (941) 597-3734  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (12/95)