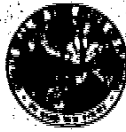


**FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00**

**CORPORATION  
ANNUAL REPORT  
1995**



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

**APPROVED  
AND  
FILED**

95 APR 23 PM 6:54

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**DOCUMENT # N10295 (6)**

1. Corporation Name

**VANDERBILT WASTEWATER ASSOCIATION, INC.**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified <b>07/17/1985</b>	3a. Date of Last Report <b>04/14/1994</b>
4. FEI Number <b>59-2747309</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status <input type="checkbox"/>	<b>\$68.75</b> Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

Principal Place of Business <b>PO BOX 8990 NAPLES FL 33941-5990</b>	Mailing Address <b>PO BOX 8990 NAPLES FL 33941-5990</b>
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2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip Country 24	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip Country 29
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9. Name and Address of Current Registered Agent

**BANTZ, THOMAS M.  
COLLIER FINANCIAL SYSTEMS, INC.  
4985 E TAMiami TRAIL  
NAPLES FL 33962**

10. Name and Address of New Registered Agent

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

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and file # applicable (NOTE: Registered Agent signature required when re-registering)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE <b>D</b>	<b>HAFELE, DALE G.</b>	1.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	<del>12995 S CLEVELAND AVE.</del>	1.2 NAME	
STREET ADDRESS	<del>FT. MYERS FL</del>	1.3 STREET ADDRESS	
CITY - ST - ZIP		1.4 CITY - ST - ZIP	
TITLE <b>TDV</b>	<b>ZINI, LEO</b>	2.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	<b>28240 WINTHROP CIR</b>	2.2 NAME	
STREET ADDRESS	<b>BONITA SPRINGS FL</b>	2.3 STREET ADDRESS	
CITY - ST - ZIP		2.4 CITY - ST - ZIP	
TITLE <b>SD</b>	<b>ESLINGER, RICHARD</b>	3.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	<b>28622 STARBOARD PASSAGE</b>	3.2 NAME	
STREET ADDRESS	<b>BONITA SPRINGS FL</b>	3.3 STREET ADDRESS	
CITY - ST - ZIP		3.4 CITY - ST - ZIP	
TITLE <b>PD</b>	<b>MULLERSMAN, STEVEN J.</b>	4.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	<b>2190 J AND C BLVD., B.I. DIVCO INC.</b>	4.2 NAME	
STREET ADDRESS	<b>NAPLES FL</b>	4.3 STREET ADDRESS	
CITY - ST - ZIP		4.4 CITY - ST - ZIP	
TITLE <b>D</b>	<b>RUSZKIEWICZ, DORIS</b>	5.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	<b>11638 NIGHT HERON DR.</b>	5.2 NAME	
STREET ADDRESS	<b>NAPLES FL</b>	5.3 STREET ADDRESS	
CITY - ST - ZIP		5.4 CITY - ST - ZIP	
TITLE <b>D</b>	<b>FEDOR, BRUCE</b>	6.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	<b>28171 WINTHROP CIR.</b>	6.2 NAME	
STREET ADDRESS	<b>BONITA SPGS. FL</b>	6.3 STREET ADDRESS	
CITY - ST - ZIP		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 110.07(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 Leo E. Zini **LEO E. ZINI**  4/24/95  813 992 0853  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #