FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT



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

1996

DOCUMENT # N42823

(7)

VANDERBILT LANDINGS BOAT DOCK CLUB, INC.

2, Principal Place of Business 2a, Mailing Address 2b, Maili	Principal Place of Business Mailing Address 11118 GULF SHORE DR. UNIT #104A NAPLES FL 33963 NAPLES FL 33963										
20						3. Date Incorporated or Qualified 03/28/1991					
Suite, Apt. 6; etc. 27	:	ace of Business	— ř	Address				4. FEI Number			
City & State City & State City & State City & State City & State City & State City & State City & State City & State City & State City Country Zip Country Zip Country Zip City	Suite, Apt.	#, etc.	Suite, A	pt. #, etc.						\$8.75	Additional
Zop	City & State	3	City & S	tate				1		\$5.00	May Be
S. Name and Address of Currant Registered Agent 10. Name and Address of New Registered Agent		Country			Count	ry			tangible tax		
LEACH, ROBERT M 11118 GULF SHORE DR. UNIT #104A NAPLES FL 33963 111. Pursuant to the provisions of Sections 617 (500 and 617 1508, Florida Statutes.) 114. Pursuant to the provisions of Sections 617 (500 and 617 1508, Florida Statutes.) 115. Pursuant to the provisions of Sections 617 (500 and 617 1508, Florida Statutes.) 116. Pursuant to the provisions of Sections 617 (500 and 617 1508, Florida Statutes.) 117. Pursuant to the provisions of Sections 617 (500 and 617 1508, Florida Statutes.) 118. Pursuant to the provisions of Sections 617 (500 and 617 1508, Florida Statutes.) 119. Pursuant to the provisions of Sections 617 (500 and 617	24										
LEACH, ROBERT M 11118 GULF SHORE DR. UNIT #104A NAPLES FL 33963 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 offer or registered agent, or both, in the State of Florids 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 617,0502, Florida Statutes. SIGNATURE Signate, space or preside frame of my plended agent and the it approaches POD	<u> </u>	9. Name and Address of C	urrent Registered Ac	jent		1	Mana	10. Name and Address of New Re	gistered Aç	jent	
11.118 GULF SHORE DR. UNIT #104A NAPLES FL 33963 11. Pursuant to the provisions of Sactions 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered digent. or both, in the State of Florida, Such change was submitted by the corporation's board of directions. Thereby accept the appointment as registered digent. I am familiar with, and accept the diligations of, Section 617.0503, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered digent. I am familiar with, and accept the diligations of, Section 617.0503, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered digent. I am familiar with, and accept the diligations of, Section 617.0503, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered digent. I am familiar with a familiar wi	154011	DODEDT M									
UNIT #104A NAPLES FL 33963 80				82 Street Add			Street Addre	ress (P.O. Box Number is Not Acceptable)			
NAPLES FL 33963 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 offer 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 eigent. I am tamble with, and accept the obligations of, Section 617.0502, Florida Statutes. SIGNATURE SIGNATURE SIGNATURE SIGNATURE WILLIAMS, HOWARD 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12. OFFICERS AND DIRECTORS 14. CITY-ST-2P NAPLES FL VD DELETE 11. TITLE VD TREON, MARSHALL 11116 GULF SHORE DRIVE, #602 1.3 STREET ADDRESS CITY-ST-2P NAPLES FL 11116 GULF SHORE DRIVE, #602 1.3 STREET ADDRESS CITY-ST-2P NAPLES FL DELETE 2.2 NAME 1.1118 GULF SHORE DRIVE, #104A NAPLES FL DELETE 1.11					8	3			· · · · · · · · · · · · · · · · · · ·		
11. Pursuant to the provisions of Sactons 617,0502 and 617,1508, Florida Statutes, the above-harmed corporation submits this statement for the purpose of changing its registered officer 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 egent. I em tambien with, and accept the obligations of, Section 617,0503, Florida Statutes. SIGNATURE Signature, types or presed name of registered degree in end their applicable. OFFICERS AND DIRECTORS 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12. ITILE PD WILLIAMS, HOWARD 11118 GULF SHORE DR., #802 NAPLES FL TILE VD DELETE 11 TILE VD Change Addition 11116 GULF SHORE DRIVE, #602 NAPLES FL TREON, MARSHALL 11116 GULF SHORE DRIVE, #602 NAPLES FL TREON, MARSHALL 11116 GULF SHORE DRIVE, #104A SIREET ADDRESS CITY-ST-2P NAPLES FL DELETE 11 TILE STD DELETE 11 TILE Change Addition 11118 GULF SHORE DRIVE, #104A 33 SIREET ADDRESS CITY-ST-2P NAPLES FL DELETE 11 TILE Change Addition AND Change Addition Change Addition Addition AND Change Addition Addition Change Addition AND Change Addition Change Addition Change Addition AND Change Addition AND Change Addition AND Change Addition Change					8	4	City	·		85 Zip	Code
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 tamillar with, and accept the obligations of, Section 617, 15005, Florida Statutes. SIGNATURE Signature, types or printed raine of appointed their appointment as registered agent and their appointment as registered agent. I am tamillar with an accept the obligations of, Section 617, 15005, Florida Statutes. Signature, types or printed raine of appointment as registered agent. I am tamillar with an accept the obligations of the protect Agent agents are appealing required when remaining the protect Agent agents are appealing required when remaining the protect of	L.,			5 10 60 111		1	· · · · · · · · · · · · · · · · · · ·			-1 14	alatarad affice
12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS NAPLES FL 11 TITLE Change Addition Addit	or register familiar wi	red agent, or both, in the State o	if Florida. Such change	was authorized	d by the co	rpor	ration's boar	d of directors. I hereby accept the appoi	ntment as re	gistered	agent. I am
TITLE				(NOT		gent e	signature required			NDCOTO	DO IN 10
NAME	· · · · · · · · · · · · · · · · · · ·			INFLETE	_			ADDITIONS/CHANGES TO OFFIC			
11118 GULF SHORE DR., #802) ' -	L								
TITLE NAME TREON, MARSHALL TREON, MARSHALL TITLE STREET ADDRESS CITY-ST-2IP NAME LEACH, ROBERT M STREET ADDRESS CITY-ST-2P TITLE NAME LEACH, ROBERT M STREET ADDRESS CITY-ST-2P TITLE DELETE ALTITLE Change Addition AME STREET ADDRESS CITY-ST-2P TITLE DELETE DELETE ALTITLE Change Addition Addition Addition Addition Addition AME STREET ADDRESS CITY-ST-2P TITLE DELETE DELETE STREET ADDRESS CITY-ST-2P TITLE Change Addition Addition Addition AME STREET ADDRESS CITY-ST-2P TITLE DELETE STREET ADDRESS CITY-ST-2P TITLE Change Addition Addition Addition Addition Addition AME STREET ADDRESS CITY-ST-2P TITLE Change Addition Add			., #802		1.3 STR	ET A	NODRESS				
NAME TREON, MARSHALL 22 NAME 23 STREET ADDRESS CITY-ST-ZIP NAPLES FL 24 CITY-ST-ZIP Change Addition	CITY-ST-ZIP	NAPLES FL	·		1.4 CITY	-\$1-	- ZIP				
STREET ADDRESS 11116 GULF SHORE DRIVE, #602 23 STREET ADDRESS 2 4 CITY-ST-ZIP NAPLES FL 2	TITLE	, ·-		DELETE	2 1 TITU	F				Change	☐ Addition
CITY_ST-ZIP	NAME						1				
TITLE STD DELETE 31 TITLE	-		IIVE,#602		i i						
NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP THE NAME STREET ADDRESS CITY-ST-ZIP THE DELETE STREET ADDRESS CITY-ST-ZIP THE DELETE STREET ADDRESS CITY-ST-ZIP THE NAME STREET ADDRESS CITY-ST-ZIP THE DELETE STREET ADDRESS CITY-ST-ZIP				TOFIETE			1-2IP			l Chance	noitibh [
STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP THLE CITY-ST-ZIP THLE NAME STREET ADDRESS CITY-ST-ZIP THLE			ı						.	Change	
CITY-ST-ZIP			RIVE. #104A				ADDRESS				
TITLE			,			-					
STREET ADDRESS			[DELETE		_				Change	Addition Addition
CITY-ST-ZIP	NAME				4 2 NA	ME					
TITLE DELETE 5 1 TITLE Change Addition NAME 52 NAME 52 NAME STREET ADDRESS CITY-ST-ZIP 54 CITY-ST-ZIP Change Addition TITLE DELETE 61 TITLE Change Addition NAME 62 NAME Change Addition	STREET ADDRESS						i				
NAME 52 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5.4 CiTY-ST-ZIP TITLE DELETE 6.1 TITLE Change Addition NAME 6.2 NAME				IDE) ETC			-21P			1 Change	Addition
STREET ADDRESS			ľ						L.	l outside	
CITY-ST-ZIP 5.4 CiTY-ST-ZIP TITLE DELETE 6.1 TiTLE Change Addition NAME 6.2 NAME Change Addition							ADDRESS				
TITLE DELETE 61 TITLE Change Addition NAME 62 NAME											
				DELETE	_		-") Change	☐ Addition
STHEET ADDRESS 6.3 STREET ADDRESS	NAMÉ				6.2 NAN	Æ	ŀ				
	STHEFT ADDRESS				6.3 STR	EET A	address				
City-SI-ZIP 64 City-SI-ZIP 64 City-SI-ZIP 64 City-SI-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			0 1 14 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2	11 . a . 6 a					17/0)/IA Et !	4- O ·	00 14 145

4. 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 cath; 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:

GNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Jonuary 16,1996 941-566-3683

A RESIGNAL CHE CACAL MACAL CALLE CLARGE SALE CACAL CACAL CACAL CACAL CACAL CACAL

CR2E037