

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 17 PM 4:14

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N46933 (0)

1. Corporation Name

VANDERBILT TOWERS YACHT CLUB, INC.

Principal Place of Business

Mailing Address

3 BLUEBILL AVE
STE 504
NAPLES FL 33963
US

3 BLUEBILL AVE
STE 504
NAPLES FL 33963
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
01/22/1992

3a. Date of Last Report
04/08/1994

4. FEI Number
NOT APPLICABLE

Applied For
Not Applicable

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip Country

28 Zip Country

24

25

29

30

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Election Campaign Financing Trust Fund Contribution **\$5.00 May Be Added to Fees**

7. Nonprofit with IRS 501(c)(3) Tax Exempt Status **\$68.75 Supplemental Fee Not Required**

8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes Yes No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

CLAPPER, JOHN, III
1400 GULF SHORE BLVD. NORTH
SUITE 214
NAPLES FL 33940

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 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

Signature, typed or printed name of registered agent and fee if applicable

(NOTE: Registered Agent signature required when registering)

DATE

12. OFFICERS AND DIRECTORS

TITLE	A
NAME	MITZEL, ROBERT D
STREET ADDRESS	3 BLUEBILL AVE APT 504
CITY - ST - ZIP	NAPLES FL
TITLE	VP
NAME	KRAWSS, HERBERT
STREET ADDRESS	1 BLUEBILL AVE
CITY - ST - ZIP	NAPLES FL
TITLE	ST
NAME	LOGIO, FRANK
STREET ADDRESS	704 BLUEBILL AVE
CITY - ST - ZIP	RIVER VALE NJ
TITLE	D
NAME	WAMPLER, LEE
STREET ADDRESS	5 BLUEBILL AVE
CITY - ST - ZIP	NAPLES FL
TITLE	D
NAME	NELSON, CLIFFORD
STREET ADDRESS	5 BLUEBILL AVE APT 807
CITY - ST - ZIP	NAPLES FL
TITLE	D
NAME	NIXON, DANIEL A.
STREET ADDRESS	1 BLUE BILL 3 501
CITY - ST - ZIP	NAPLES FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	S.T.	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME		
13 STREET ADDRESS		
14 CITY - ST - ZIP		
21 TITLE	V.P.	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME	KRAWSS, Herbert	
23 STREET ADDRESS	25 Bluebill Ave.	
24 CITY - ST - ZIP		
31 TITLE	PRESIDENT	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME	GEORGE A UHNVEST	
33 STREET ADDRESS	3 BLUEBILL AVE #409	
34 CITY - ST - ZIP	NAPLES, FL. 33963	
41 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME	DONALD A JENSEN	
43 STREET ADDRESS	1 BLUEBILL AVE #101	
44 CITY - ST - ZIP	NAPLES, FL 33963	
51 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME		
53 STREET ADDRESS		
54 CITY - ST - ZIP		
61 TITLE	D.	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME	DONALD A JENSEN	
63 STREET ADDRESS	1 BLUEBILL AVE #101	
64 CITY - ST - ZIP	NAPLES FL 33963	

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:

Robert D. Mitzel

4-11-95

1-813-597-104

SIGNATURE AND TYPED OR PRINTED NAME OF FILING OFFICER OR DIRECTOR

Date

Telephone #