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Mar 24 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997



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

DOCUMENT # N46933 (0)

1. Corporation Name
VANDERBILT TOWERS YACHT CLUB, INC.



Principal Place of Business: 3 BLUEBILL AVE STE 504 NAPLES FL 33963 US
Mailing Address: 3 BLUEBILL AVE STE 504 NAPLES FL 34108-1723 US

3. Date Incorporated or Qualified: 01/22/1992
3a. Date of Last Report: 03/25/1996
4. FEI Number: NOT APPLICABLE
5. Certificate of Status Desired: \$8.75 Additional Fee Required
6. Election Campaign Financing: \$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes: Yes No

2. Principal Place of Business: 21 Suite, Apt. #, etc.: 22 City & State: 23 Zip: 24 34108 Country: 25
2a. Mailing Address: 26 Suite, Apt. #, etc.: 27 City & State: 28 Zip: 29 Country: 30

9. Name and Address of Current Registered Agent
CLAPPER, JOHN, III
1400 GULF SHORE BLVD. NORTH
SUITE 214
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: 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: _____ (NOTE: Registered Agent signature required when reinstating) DATE: _____

12. OFFICERS AND DIRECTORS

TITLE	ST	<input type="checkbox"/> DELETE
NAME	MITZEL, ROBERT D	
STREET ADDRESS	3 BLUEBILL AVE APT 504	
CITY - ST - ZIP	NAPLES FL	
TITLE	VP	<input checked="" type="checkbox"/> DELETE
NAME	KRAWSS, HERBERT	
STREET ADDRESS	25 BLUEBILL AVE	
CITY - ST - ZIP	NAPLES FL	
TITLE	P	<input type="checkbox"/> DELETE
NAME	VANNEST, GEORGE A.	
STREET ADDRESS	3 BLUEBILL AVE #409	
CITY - ST - ZIP	NAPLES FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	WAMPLER, LEE	
STREET ADDRESS	5 BLUEBILL AVE	
CITY - ST - ZIP	NAPLES FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	NELSON, CLIFFORD	
STREET ADDRESS	5 BLUEBILL AVE APT 807	
CITY - ST - ZIP	NAPLES FL	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	JENSEN, DONALD A.	
STREET ADDRESS	1 BLUEBILL AVE #101	
CITY - ST - ZIP	NAPLES FL	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY - ST - ZIP	34108
2.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	Mr Turner, Larry
2.3 STREET ADDRESS	1 Bluebill Ave
2.4 CITY - ST - ZIP	Naples, FL 34108
3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	V.P
3.3 STREET ADDRESS	
3.4 CITY - ST - ZIP	34108
4.1 TITLE	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	P
4.3 STREET ADDRESS	
4.4 CITY - ST - ZIP	34108
5.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY - ST - ZIP	34108
6.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
6.2 NAME	Mr. Bridgeman, Robert
6.3 STREET ADDRESS	1 Bluebill Ave
6.4 CITY - ST - ZIP	Naples, FL 34108

14. I do 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: Robert Mitzel, Robert Mitzel Sec. Ins. 3-18-97 941-597-1004

CP2E037 (9/96)