


FILE NOW: FILING FEE IS \$61.25

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Apr 03 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N46933 (0)
1. Corporation Name
VANDERBILT TOWERS YACHT CLUB, INC.



Principal Place of Business 3 BLUEBILL AVE STE 904 NAPLES FL 33963 US	Mailing Address 3 BLUEBILL AVE STE 904 NAPLES FL 33963 US
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3. Date Incorporated or Qualified 01/22/1992		
4. FEI Number NOT APPLICABLE	Applied For <input type="checkbox"/>	Not Applicable <input type="checkbox"/>

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

5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input type="checkbox"/> No	
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	

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	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		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	ST <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MITZEL, ROBERT D	1.2 NAME	
STREET ADDRESS	3 BLUEBILL AVE APT 504	1.3 STREET ADDRESS	
CITY-ST-ZIP	NAPLES FL 34108	1.4 CITY-ST-ZIP	
TITLE	D <input checked="" type="checkbox"/> DELETE	2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	TURNER, LARRY	2.2 NAME	NIXON, Jeshne
STREET ADDRESS	1 BLUEBILL AVE	2.3 STREET ADDRESS	1 Bluebill Ave.
CITY-ST-ZIP	NAPLES FL	2.4 CITY-ST-ZIP	Naples, Fl. 34108
TITLE	VP <input checked="" type="checkbox"/> DELETE	3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	VANNEST, GEORGE A.	3.2 NAME	Boutford, ART
STREET ADDRESS	3 BLUEBILL AVE #409	3.3 STREET ADDRESS	3 Bluebill Ave
CITY-ST-ZIP	NAPLES FL	3.4 CITY-ST-ZIP	Naples, Fl 34108
TITLE	P <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WAMPLER, LEE	4.2 NAME	
STREET ADDRESS	5 BLUEBILL AVE	4.3 STREET ADDRESS	
CITY-ST-ZIP	NAPLES FL 34108	4.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	NELSON, CLIFFORD	5.2 NAME	
STREET ADDRESS	5 BLUEBILL AVE APT 807	5.3 STREET ADDRESS	
CITY-ST-ZIP	NAPLES FL 34108	5.4 CITY-ST-ZIP	
TITLE	D <input checked="" type="checkbox"/> DELETE	6.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BRIDGEMAN, ROBERT	6.2 NAME	NIXON, Bernice
STREET ADDRESS	1 BLUEBILL AVE	6.3 STREET ADDRESS	1 Bluebill Ave
CITY-ST-ZIP	NAPLES FL	6.4 CITY-ST-ZIP	Naples, Fl 34108

14. I 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 D. Mitzel** **ST** **3-31-98** **941-597-1004**

CFR2037 (10/97)