


2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Jan 23, 2004 08:00 AM
Secretary of State

DOCUMENT # N46933 1. Entity Name VANDERBILT TOWERS YACHT CLUB, INC.	
---	--

Principal Place of Business 5 BLUEBILL AVE. APT. 701 NAPLES FL 34108 US	Mailing Address 5 BLUEBILL AVE. APT. 701 NAPLES FL 34108 US
---	---

2. Principal Place of Business Suite, Apt #, etc. City & State Zip Country	3. Mailing Address Suite, Apt #, etc. City & State Zip Country
---	---



MOORE CR2E037 (11/03)

4. FEI Number **NO-T APPLICABLE** Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent

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

7. Name and Address of New Registered Agent

Name _____
 Street Address (P.O. Box Number is Not Acceptable) _____
 City _____ **FL** Zip Code _____

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ DATE _____
Signature typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

FILE NOW: FEE IS \$61.25
Due By May 1, 2004

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

Make Check Payable to Florida Department of State

10. OFFICERS AND DIRECTORS		<input type="checkbox"/> Delete
TITLE	VP	
NAME	WALKER, RICHARD	<input type="checkbox"/>
STREET ADDRESS	3 BLUEBILL AVE. #406	
CITY - ST - ZIP	NAPLES FL 34108	
TITLE	ST	<input type="checkbox"/>
NAME	MCCOWN, ALLAN	<input type="checkbox"/>
STREET ADDRESS	5 BLUEBILL AVE. #701	
CITY - ST - ZIP	NAPLES FL 34108	
TITLE	D	<input type="checkbox"/>
NAME	WIENIKOWSKI, TOM	<input type="checkbox"/>
STREET ADDRESS	1 BLUEBILL AVE	
CITY - ST - ZIP	NAPLES FL 34108	
TITLE	P	<input type="checkbox"/>
NAME	SKAGGS, KENNETH	<input type="checkbox"/>
STREET ADDRESS	5 BLUEBILL AVE.	
CITY - ST - ZIP	NAPLES FL 34108	
TITLE	D	<input type="checkbox"/>
NAME	WIENCKOWSKI, TOM	<input type="checkbox"/>
STREET ADDRESS	1 BLUEBILL AVE. #701	
CITY - ST - ZIP	NAPLES FL 34108	
TITLE		<input type="checkbox"/>
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		<input type="checkbox"/> Change	<input type="checkbox"/> Add
TITLE			
NAME			
STREET ADDRESS			
CITY - ST - ZIP			
TITLE			
NAME			
STREET ADDRESS			
CITY - ST - ZIP			

00000011936
 01/23/04-80057-020 61.25

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), Florida Statutes. I further certify that the information indicated on this report or supplemental 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 10 or Block 11 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Allan McCown* **Secretary** 1-21-04 (239) 591-0061