


**2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Jul 13, 2005 8:00 am**  
**Secretary of State**

07-13-2005 90013 021 \*\*\*\*61.25

**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**

20063180



2. Principal Place of Business  
**5 Bluebill Ave**

3. Mailing Address  
**1976 Countess Ct**

Suite, Apt. #, etc.  
**# 201**

Suite, Apt. #, etc.

07072005 Chg-NP CR2E037 (10/03)

City & State  
**Naples, FL**

City & State  
**Naples FL**

Zip  
**34108**

Country  
**USA**

Zip  
**34110**

Country  
**USA**

4. FEI Number  
**NOT APPLICABLE**

Applied For  
 Not Applicable

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

6. Name and Address of Current Registered Agent

**R & A AGENTS, INC.**  
**ATTN: ROBERT G. MENZIES, ESQ.**  
**850 PARK SHORE DRIVE, THIRD FLOOR**  
**NAPLES, FL 34103**

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)

**Filing Fee is \$61.25 Due by September 7, 2005**

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		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE VP	WALKER, RICHARD 3 BLUEBILL AVE. #406 NAPLES, FL 34108 <input checked="" type="checkbox"/> Delete	TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME	ST MCCOWN, ALLAN 5 BLUEBILL AVE. #701 NAPLES, FL 34108 <input type="checkbox"/> Delete	TITLE NAME <i>Sec</i> McCOWN, ALLAN	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME	D WIENIKOWSKI, TOM 1 BLUEBILL AVE NAPLES, FL 34108 <input type="checkbox"/> Delete	TITLE NAME Director Gehrke, Wayne	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME	P SKAGGS, KENNETH 5 BLUEBILL AVE. NAPLES, FL 34108 <input type="checkbox"/> Delete	TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME	D WIENCKOWSKI, TOM 1 BLUEBILL AVE. #701 NAPLES, FL 34108 <input type="checkbox"/> Delete	TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME	<input type="checkbox"/> Delete	TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. 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 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 if changed, or on an attachment with an address, with all other like empowered.

**SIGNATURE:** *Alan McCown* **ALLAN MCCOWN** **7/9/05 (239) 591-0061**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #