

**2003 NOT-FOR-PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Jan 27, 2003 8:00 am
Secretary of State

01-27-2003 90349 026 ****61.25

DOCUMENT # N46933

1. Entity Name
VANDERBILT TOWERS YACHT CLUB, INC.



Principal Place of Business Mailing Address
1 BLUEBILL AVE **1 BLUEBILL AVE**
APT. 705 **APT. 705**
NAPLES FL 34108 **NAPLES FL 34108**
US **US**

2. Principal Place of Business 3. Mailing Address
5 Bluebill Ave **5 Bluebill Ave**
Suite, Apt. #, etc. Suite, Apt. #, etc.
Apt 701 **# 701**

City & State City & State
Naples FL **Naples FL**
Zip Country Zip Country
34108 **USA** **34108** **USA**



CHECK HERE IF MAKING CHANGES

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 7. Name and Address of New Registered Agent
CLAPPER, JOHN, III
1400 GULF SHORE BLVD. NORTH
SUITE 214
NAPLES FL 33940

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW: FEE IS \$61.25

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	
TITLE VP NAME GEHRKE, WAYNE STREET ADDRESS 1 BLUEBILL AVE CITY-ST-ZIP NAPLES FL 34108	<input checked="" type="checkbox"/> Delete
TITLE ST NAME KULPA, RON STREET ADDRESS 1BLUEBILL AVE APT. 705 CITY-ST-ZIP NAPLES FL 34108	<input checked="" type="checkbox"/> Delete
TITLE D NAME WIENIKOWSKI, TOM STREET ADDRESS 1 BLUEBILL AVE CITY-ST-ZIP NAPLES FL 34108	<input type="checkbox"/> Delete
TITLE P NAME SKAGGS, KENNETH STREET ADDRESS 5 BLUEBILL AVE. CITY-ST-ZIP NAPLES FL 34108	<input type="checkbox"/> Delete
TITLE D NAME MARIN, JOANNE STREET ADDRESS 1 BLUE BILL CITY-ST-ZIP NAPLES FL 34108	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE VP NAME Richard WALKER STREET ADDRESS 3 Bluebill Ave #406 CITY-ST-ZIP Naples, FL 34108	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE Director NAME Tom Wienckowski STREET ADDRESS 1 Bluebill Ave #701 CITY-ST-ZIP Naples FL 34108	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<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: Signature of Allan McCown **Allan McCown** **Sec/Treas** **1-23-03** **(239) 591-0061**

CR2E037 (10/02)