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May 30 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 # N96000006247 (8)

1. Corporation Name
VANDERBILT ESTATES PROPERTY OWNERS ASSOCIATION, INC.



Principal Place of Business Mailing Address
2600 DOUGLAS ROAD SUITE 510 CORAL GABLES FL 33134
2600 DOUGLAS ROAD SUITE 510 CORAL GABLES FL 33134-6134

3. Date Incorporated or Qualified 12/05/1996
3a. Date of Last Report -
4. FEI Number 65-0743903 Applied For Not Applicable
5. Certificate of Status Desired \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution \$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 2a. Mailing Address
21 Suite, Apt #, etc. 26 Suite, Apt #, etc.
22 City & State 27 City & State
23 Zip Country 28 Zip Country
24 25 29 30

9. Name and Address of Current Registered Agent
ROBBINS, CHARLES D
900 SUNTRUST BLDG
777 BRICKELL AVENUE
MIAMI FL 33131

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 P [] DELETE
NAME PALUMBO, TONY
STREET ADDRESS 2600 DOUGLAS ROAD, STE 510
CITY-ST-ZIP CORAL GABLES FL 33134
TITLE VD [] DELETE
NAME ADLER, DAVID C
STREET ADDRESS 2600 DOUGLAS ROAD, STE 510
CITY-ST-ZIP CORAL GABLES FL 33134
TITLE SD [] DELETE
NAME COLEMAN, JACQUELINE
STREET ADDRESS 2600 DOUGLAS ROAD, STE 510
CITY-ST-ZIP CORAL GABLES FL 33134
TITLE TD [] DELETE
NAME RABELL, LUIS
STREET ADDRESS 2600 DOUGLAS ROAD, STE 510
CITY-ST-ZIP CORAL GABLES FL 33134
TITLE [] DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP
TITLE [] DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
1.1 TITLE P [X] Change [] Addition
1.2 NAME CONSUEGRA, ALFRED L.
1.3 STREET ADDRESS 2600 DOUGLAS ROAD, STE 510
1.4 CITY-ST-ZIP CORAL GABLES FL 33134
2.1 TITLE [] Change [] Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP
3.1 TITLE [] Change [] Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP
4.1 TITLE [] Change [] Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP
5.1 TITLE [] Change [] Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP
6.1 TITLE [] Change [] Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

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: _____ 3/7/97 (305) 463-7001

CR2E037 (9/96)