

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT 1998



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

98 APR 28 PM 1:13

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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

3. Date Incorporated or Qualified
12/05/1996
4. FEI Number
65-0743903

2. Principal Place of Business 2a. Mailing Address
21 **9350 Sunset Dr.** 26 **9350 Sunset Dr.**
Suite, Apt. #, etc. Suite, Apt. #, etc.
22 **Suite 100** 27 **Suite 100**
City & State City & State
23 **Miami FL** 28 **Miami FL**
Zip Country Zip Country
24 **33173 U.S.** 29 **33173 U.S.** 30 **U.S.**

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

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 **Corporation Service Company**
82 Street Address (P.O. Box Number is Not Acceptable)
1201 HAYS ST.
83
84 City **Tallahassee FL** 85 Zip Code **32301**

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 **Delorah N. Skipper as agent** DATE **4-28-98**
Signature, typed or printed name of registered agent and also applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE	P	<input checked="" type="checkbox"/> DELETE
NAME	CONSUEGRA, ALFRED L	
STREET ADDRESS	2600 DOUGLAS ROAD, STE 510	
CITY-ST-ZIP	CORAL GABLES FL	
TITLE	VD	<input checked="" type="checkbox"/> DELETE
NAME	ADLER, DAVID C	
STREET ADDRESS	2600 DOUGLAS ROAD, STE 510	
CITY-ST-ZIP	CORAL GABLES FL 33134	
TITLE	SD	<input checked="" type="checkbox"/> DELETE
NAME	COLEMAN, JACQUELINE	
STREET ADDRESS	2600 DOUGLAS ROAD, STE 510	
CITY-ST-ZIP	CORAL GABLES FL 33134	
TITLE	TD	<input checked="" type="checkbox"/> DELETE
NAME	RABELL, LUIS	
STREET ADDRESS	2600 DOUGLAS ROAD, STE 510	
CITY-ST-ZIP	CORAL GABLES FL 33134	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	VID	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	Hal EISENACHER	
1.3 STREET ADDRESS	9350 Sunset Dr. Suite 100	
1.4 CITY-ST-ZIP	Miami FL 33173	
2.1 TITLE	VID	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	GREG PEAKS	
2.3 STREET ADDRESS	9350 Sunset Dr. Suite 100	
2.4 CITY-ST-ZIP	Miami FL 33173	
3.1 TITLE	Jim Carr VID	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	9350 Sunset Dr. Ste 100	
3.3 STREET ADDRESS	Miami, FL 33173	
3.4 CITY-ST-ZIP	Miami, FL 33173	
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	700002516457-8	
4.3 STREET ADDRESS	-05/08/98--01003--005	
4.4 CITY-ST-ZIP	*****61.25 *****61.25	
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	4-29-98	
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

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: **Hal Eisenacher** **4/29/98** **(305) 598-2211**

CR2E037 (10/97)