

2014 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N98000004530

Entity Name: COLLIER COUNTY VISITORS & CONVENTION BUREAU, INC.**FILED**
Feb 27, 2014
Secretary of State
CC1631934565**Current Principal Place of Business:**2390 TAMIAMI TRAIL NORTH
SUITE 210
NAPLES, FL 34103**Current Mailing Address:**2390 TAMIAMI TRAIL NORTH
SUITE 210
NAPLES, FL 34103 US**FEI Number:** 59-0688292**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**LARSON, JOAN
2390 TAMIAMI TRAIL NORTH
SUITE 210
NAPLES, FL 34103 US*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.***SIGNATURE:** JOAN LARSON

02/27/2014

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title	C
Name	WYNN, MICHAEL A
Address	2390 TAMIAMI TRAIL NORTH, SUITE 210
City-State-Zip:	NAPLES FL 34103

Title	P
Name	COX, JOHN S
Address	2390 TAMIAMI TRAIL NORTH, SUITE 210
City-State-Zip:	NAPLES FL 34103

Title	D
Name	GOODLETTE, DUDLEY
Address	2390 TAMIAMI TRAIL NORTH, SUITE 210
City-State-Zip:	NAPLES FL 34103

Title	D
Name	SPROUL, KATHERINE
Address	2390 TAMIAMI TRAIL NORTH STE 210
City-State-Zip:	NAPLES FL 34103

Title	D
Name	BUCKLEY, THOMAS C
Address	2390 TAMIAMI TRL NORTH STE 210
City-State-Zip:	NAPLES FL 34103

Title	D
Name	HORNBECK, BUD
Address	2390 TAMIAMI TRL N, STE 210
City-State-Zip:	NAPLES FL 34103

Title	DIRECTOR
Name	GLEESON, MICHELLE
Address	2390 TAMIAMI TRAIL NORTH SUITE 210
City-State-Zip:	NAPLES FL 34103

Title	DIRECTOR
Name	MURPHY, COLLEEN
Address	2390 TAMIAMI TRAIL NORTH SUITE 210
City-State-Zip:	NAPLES FL 34103

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I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: JOHN S. COX

PRESIDENT

02/27/2014

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

Title DIRECTOR
Name PASSIDOMO, JOHN
Address 2390 TAMIAMI TRAIL NORTH
SUITE 210
City-State-Zip: NAPLES FL 34103

Title DIRECTOR
Name WARNKEN, JAMES
Address 2390 TAMIAMI TRAIL NORTH
SUITE 210
City-State-Zip: NAPLES FL 34103

Title DIRECTOR
Name SPINELLI, BILL
Address 2390 TAMIAMI TRAIL NORTH
SUITE 210
City-State-Zip: NAPLES FL 34103