

**2013 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N98000004530

**Entity Name:** COLLIER COUNTY VISITORS & CONVENTION BUREAU, INC.**FILED**  
**Apr 19, 2013**  
**Secretary of State**  
**CC1459618412****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****04/19/2013**

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 REAGEN, MICHAEL V  
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: MICHAEL REAGEN****PRESIDENT****04/19/2013**

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