


FILE NOW: FILING FEE IS \$61.25

FILED

Feb 16 1998 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998				FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS	
<b>DOCUMENT # 736543 (0)</b>					
1. Corporation Name <b>ECONOMIC DEVELOPMENT COUNCIL OF COLLIER COUNTY, INC.</b>					
Principal Place of Business <b>3000 BAILEY LANE STE 112 NAPLES FL 33942 US</b>		Mailing Address - same <b>3080 N. Horseshoe Dr. Suite 120 Naples, FL. 34104 STE 112 NAPLES FL 33942 US</b>			
2. Principal Place of Business <b>3000 N. Horseshoe Dr.</b>		2a. Mailing Address <b>SAME</b>			
Suite, Apt. #, etc. <b>120</b>		Suite, Apt. #, etc. <b>SAME</b>			
City & State <b>Naples, FL.</b>		City & State <b>SAME</b>			
Zip <b>34104</b>		Zip <b>34104</b>			
Country <b>USA</b>		Country <b>USA</b>			
9. Name and Address of Current Registered Agent <b>PARIGIS, SUSAN 3200 BAILEY LANE SUITE 162 NAPLES FL 33942</b>					
10. Name and Address of New Registered Agent <b>81 Name SAME</b> <b>82 Street Address (P.O. Box Number Is Not Acceptable)</b> <b>83</b> <b>84 City</b> <b>85 Zip Code</b>					
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 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE					
12. OFFICERS AND DIRECTORS					
TITLE	D	<input type="checkbox"/> DELETE			
NAME	PASSIDOMO, JOHN				
STREET ADDRESS	821 5TH AVE S				
CITY-ST-ZIP	NAPLES FL				
TITLE	ED	<input type="checkbox"/> DELETE			
NAME	PARIGIS, SUSAN				
STREET ADDRESS	3200 BAILEY LANE 162				
CITY-ST-ZIP	NAPLES FL				
TITLE	D	<input checked="" type="checkbox"/> DELETE			
NAME	LOSKILL, JIM				
STREET ADDRESS	706 5TH AVE S				
CITY-ST-ZIP	NAPLES FL				
TITLE		<input type="checkbox"/> DELETE			
NAME					
STREET ADDRESS					
CITY-ST-ZIP					
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	Jeffrey Fridkin, Director	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition			
1.2 NAME	Grant Fridkin, Treasurer				
1.3 STREET ADDRESS	5551 Ridgewood Drive				
1.4 CITY-ST-ZIP	Naples FL 34108				
2.1 TITLE	Richard Botthof, Chairman	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition			
2.2 NAME	First Union National Bank				
2.3 STREET ADDRESS	6801 Pelican Bay Blvd.				
2.4 CITY-ST-ZIP	Naples, FL 34108				
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
3.2 NAME					
3.3 STREET ADDRESS					
3.4 CITY-ST-ZIP					
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
4.2 NAME					
4.3 STREET ADDRESS					
4.4 CITY-ST-ZIP					
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
5.2 NAME					
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					

SIGNATURE:

Cindy Johnson

FOR CREDIT TO

2/6/98

(94) 263-8989

CR2E037 (10/97)