

**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 09, 2007 8:00 am
Secretary of State

04-09-2007 90037 026 ***150.00

DOCUMENT # G91674

1. Entity Name
VVI NAPLES CORPORATION



Principal Place of Business

~~4 CEDAR SWAMP RD.~~ 70 Glen Street, Suite 102
GLEN COVE, NY 11542

Mailing Address

~~4 CEDAR SWAMP RD.~~ 70 Glen Street, Suite 102
GLEN COVE, NY 11542

60033051



01182007 No Chg-P CR2E034 (11/05)

4. FEI Number
11-2684747

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional
Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND RD.
PLANTATION, FL 33324

**DO NOT WRITE
IN THIS SPACE**

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE PD
NAME PAFFENDORF, CARL G.
STREET ADDRESS 11 CROSSWAYS
CITY-ST-ZIP GLEN HEAD, NY

TITLE C
NAME GUTTMAN, ALAN
STREET ADDRESS 4 CEDAR SWAMP RD
CITY-ST-ZIP GLEN COVE, NY

TITLE VP
NAME D'ANDREA, PAUL
STREET ADDRESS 4 CEDAR SWAMP ROAD
CITY-ST-ZIP GLEN COVE, NY

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental 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 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Alan Guttman - ALAN GUTTMAN

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/29/07 (516) 759-1188

Date

Daytime Phone #