# FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 APR 12 PM 12:04

DOCUMENT # N05473 (6)

1. Corporation Name
THE LODGINGS ASSOCIATION, INC.

| Principal Place of Business | Mailing Address |
|---|---|
| 385 EDGEMERE WAY N<br>NAPLES FL 33999 | 385 EDGEMERE WAY N<br>NAPLES FL 33999 |

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 10/04/1984
3a. Date of Last Report: 04/12/1994
4. FEI Number: 59-2137706 ☐ Applied For ☐ Not Applicable

2. Principal Place of Business (21) Suite, Apt. #, etc. (22) City & State (23) Zip (24) Country (25)
2a. Mailing Address (26) Suite, Apt. #, etc. (27) City & State (28) Zip (29) Country (30)

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. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐ **$68.75** Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

WISEMAN, TAMELA E
2150 GOODLETTE RD STE 305
NAPLES FL 33940

10. Name and Address of New Registered Agent

81 Name: MARY JO FAUSNIGHT
82 Street Address (P.O. Box Number is Not Acceptable): 385 EDGEMERE WAY NORTH
83
84 City: NAPLES FL 85 Zip Code: 33999

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE: Mary Jo Faught — 2/27/95
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent's signature required when reinstating) — DATE

| 12. OFFICERS AND DIRECTORS | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | | |
|---|---|---|---|---|
| TITLE | PD | 11 TITLE | V/P | ☒ Change ☐ Addition |
| NAME | ALLEMONG, DOUGLAS | 12 NAME | | |
| STREET ADDRESS | 385 EDGEMERE WAY N | 13 STREET ADDRESS | | |
| CITY-ST-ZIP | NAPLES FL | 14 CITY-ST-ZIP | | |
| TITLE | D | 21 TITLE | D | ☒ Change ☐ Addition |
| NAME | SADEZ, EMILIO | 22 NAME | SPETS, RUSSELL | |
| STREET ADDRESS | 385 EDGEMERE WAY N | 23 STREET ADDRESS | 385 EDGEMERE WAY NORTH | |
| CITY-ST-ZIP | NAPLES FL | 24 CITY-ST-ZIP | NAPLES, FL 33999 | |
| TITLE | VD | 31 TITLE | S/D | ☒ Change ☐ Addition |
| NAME | BELT, JESSIE | 32 NAME | BAIRD, SUSAN | |
| STREET ADDRESS | 385 EDGEMERE WAY N | 33 STREET ADDRESS | 385 EDGEMERE WAY NORTH | |
| CITY-ST-ZIP | NAPLES FL | 34 CITY-ST-ZIP | NAPLES, FL 33999 | |
| TITLE | TTD | 41 TITLE | | ☐ Change ☐ Addition |
| NAME | OKUN, EDWARD | 42 NAME | | |
| STREET ADDRESS | 385 EDGEMERE WAY N | 43 STREET ADDRESS | | |
| CITY-ST-ZIP | NAPLES FL | 44 CITY-ST-ZIP | | |
| TITLE | SD | 51 TITLE | P/D | ☒ Change ☐ Addition |
| NAME | BRISTOL, JEFFREY | 52 NAME | | |
| STREET ADDRESS | 385 EDGEMERE WAY N | 53 STREET ADDRESS | | |
| CITY-ST-ZIP | NAPLES FL | 54 CITY-ST-ZIP | | |
| TITLE | | 61 TITLE | | ☐ Change ☐ Addition |
| NAME | | 62 NAME | | |
| STREET ADDRESS | | 63 STREET ADDRESS | | |
| CITY-ST-ZIP | | 64 CITY-ST-ZIP | | |

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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:** PRESIDENT 2-22-95 813-434-7120
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #
JEFFREY R. BRISTOL

0017684