FILE NOW: FILING FEE IS $61.25

NONPROFIT CORPORATION ANNUAL REPORT
1996

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

DOCUMENT # N05473 (6)

1. Corporation Name
THE LODGINGS ASSOCIATION, INC.

Principal Place of Business	Mailing Address
385 EDGEMERE WAY N NAPLES FL 33999	385 EDGEMERE WAY N NAPLES FL 33999

3. Date Incorporated or Qualified: 10/04/1984
3a. Date of Last Report: 04/12/1995

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

4. FEI Number: 59-2137706 ☐ Applied For ☐ Not Applicable

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

6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

FAUSNIGHT, MARY JO
385 EDGEMERE WAY NORTH
NAPLES FL 33999

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City **FL** 85 Zip Code

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 _____ DATE
Signature, typed or printed name of registered agent and title, if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	VP	☒ DELETE	1.1 TITLE	T/D	☐ Change ☒ Addition
NAME	ALLEMONG, DOUGLAS		1.2 NAME	Belt, Dr. Richard	
STREET ADDRESS	385 EDGEMERE WAY N		1.3 STREET ADDRESS	151 Edgemere Way South	
CITY-ST-ZIP	NAPLES FL		1.4 CITY-ST-ZIP	Naples, FL 33999	
TITLE	D	☒ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	SPETS, RUSSELL		2.2 NAME		
STREET ADDRESS	385 EDGEMERE WAY NORTH		2.3 STREET ADDRESS		
CITY-ST-ZIP	NAPLES FL		2.4 CITY-ST-ZIP		
TITLE	SD	☒ DELETE	3.1 TITLE	S/D	☐ Change ☒ Addition
NAME	BAIRD, SUSAN		3.2 NAME	Zarella, Michael	
STREET ADDRESS	385 EDGEMERE WAY NORTH		3.3 STREET ADDRESS	385 Edgemere Way North	
CITY-ST-ZIP	NAPLES FL		3.4 CITY-ST-ZIP	Naples, FL 33999	
TITLE	TTD	☐ DELETE	4.1 TITLE	V/D	☒ Change ☐ Addition
NAME	OKUN, EDWARD		4.2 NAME		
STREET ADDRESS	385 EDGEMERE WAY N		4.3 STREET ADDRESS		
CITY-ST-ZIP	NAPLES FL		4.4 CITY-ST-ZIP		
TITLE	SD	☐ DELETE	5.1 TITLE	P/D	☒ Change ☐ Addition
NAME	BRISTOL, JEFFREY		5.2 NAME		
STREET ADDRESS	385 EDGEMERE WAY N		5.3 STREET ADDRESS		
CITY-ST-ZIP	NAPLES FL		5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	6.1 TITLE	D	☐ Change ☒ Addition
NAME			6.2 NAME	Baird, Susan	
STREET ADDRESS			6.3 STREET ADDRESS	385 Edgemere Way North	
CITY-ST-ZIP			6.4 CITY-ST-ZIP	Naples, FL 33999	

CR2E037 (12/95)

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: Jeffrey R. Bristol 3-25-96 941-263-0761
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #