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NONPROFIT CORPORATION ANNUAL REPORT
1999

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

543049 - 90345 - 17

DOCUMENT # N48882

1. Corporation Name
NAPLES AREA TOURISM BUREAU, INC.

Principal Place of Business	Mailing Address
3620 TAMIAMI TR N NAPLES FL 33940	3620 TAMIAMI TR N NAPLES FL 33940

2. Principal Place of Business 21	2a. Mailing Address 26	3. Date Incorporated or Qualified 05/11/1992
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	4. FEI Number 65-0342023 ☐ Applied For ☐ Not Applicable
City & State 23	City & State 28	5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required
Zip / Country 24 / 25	Zip / Country 29 / 30	6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

9. Name and Address of Current Registered Agent

KRIER, ELINOR V
3620 N TAMIAMI TRAIL
NAPLES FL 34103

10. Name and Address of New Registered Agent

81 Name: Dawn D. Jantsch
82 Street Address (P.O. Box Number is Not Acceptable): 3620 N. Tamiami Trail
83
84 City: Naples **FL** 85 Zip Code: 34103

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: Dawn D. Jantsch DATE: 5-6-99
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	C	☐ DELETE	1.1 TITLE		☐ Change ☐ Addition
NAME	CASE, V C		1.2 NAME		
STREET ADDRESS	955 TENTH AVE N		1.3 STREET ADDRESS		
CITY-ST-ZIP	NAPLES FL 34101		1.4 CITY-ST-ZIP		
TITLE	D	☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	COLEMAN, MICHAEL A		2.2 NAME		
STREET ADDRESS	365 FIFTH AVE S		2.3 STREET ADDRESS		
CITY-ST-ZIP	NAPLES FL 34102		2.4 CITY-ST-ZIP		
TITLE	T	☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME	WESTON, DAVID A		3.2 NAME		
STREET ADDRESS	3106 S HORSESHOE DR		3.3 STREET ADDRESS		
CITY-ST-ZIP	NAPLES FL 34104		3.4 CITY-ST-ZIP		
TITLE	S	☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME	DOUGLAS, TERRI L		4.2 NAME		
STREET ADDRESS	4500 EXCHANGE AVE		4.3 STREET ADDRESS		
CITY-ST-ZIP	NAPLES FL 34104		4.4 CITY-ST-ZIP		
TITLE	D	☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME	PEACOCK, ROBERT V		5.2 NAME		
STREET ADDRESS	999 NINTH ST S #109		5.3 STREET ADDRESS		
CITY-ST-ZIP	NAPLES FL 34102		5.4 CITY-ST-ZIP		
TITLE	P	☒ DELETE	6.1 TITLE	President	☐ Change ☐ Addition
NAME	KRIER, ELINOR V		6.2 NAME	Dawn D. Jantsch	
STREET ADDRESS	3620 N TAMIAMI TRAIL		6.3 STREET ADDRESS	3620 N. Tamiami Trail	
CITY-ST-ZIP	NAPLES FL 34103		6.4 CITY-ST-ZIP	Naples, FL 34103	

CR2E037 (11/98)

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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, with all other like empowered.

SIGNATURE: Dawn D. Jantsch (Dawn D. Jantsch) 15 Apr 99 (941) 262-6576
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #