


**2008 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 28, 2008 8:00 am**  
**Secretary of State**

04-28-2008 90358 037 \*\*\*\*61.25

<b>DOCUMENT # N48882</b> 1. Entity Name <b>NAPLES AREA TOURISM BUREAU, INC.</b>	
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Principal Place of Business <b>2390 TAMiami TRAIL NORTH SUITE 210 NAPLES, FL 34103</b>	Mailing Address <b>2390 TAMiami TRAIL NORTH SUITE 210 NAPLES, FL 34103</b>
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**DO NOT WRITE IN THIS SPACE**



04222008 No Chg-NP CR2E037 (4/06)

4. FEI Number <b>65-0342023</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	

6. Name and Address of Current Registered Agent  <b>MARTIN, STEPHANIE D 2390 TAMiami TRAIL NORTH SUITE 210 NAPLES, FL 34103</b>
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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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable.

<b>Filing Fee is \$61.25 Due by May 1, 2008</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	C MORTON, EDWARD A 2390 TAMiami TRAIL NORTH, SUITE 210 NAPLES, FL 34103
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D FRIDKIN, JEFFREY D 2390 TAMiami TRAIL NORTH, SUITE 210 NAPLES, FL 34103
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HUESTON, C J 2390 TAMiami TRAIL NORTH, SUITE 210 NAPLES, FL 34103
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D QUINN, THOMAS 2390 TAMiami TRAIL NORTH, SUITE 210 NAPLES, FL 34103
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SEEWALD, JEANNE 2390 TAMiami TRAIL NORTH, SUITE 210 NAPLES, FL 34103
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P REAGEM, MICHAEL V 2390 TAMiami TRAIL N, STE 210 NAPLES, FL 34103

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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 617, 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 filers empowered.

SIGNATURE: *Michael V. Reagem* Date 4/22/08 Daytime Phone # 239 403 2901  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR